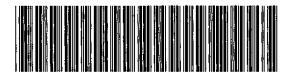
# 11100013909

(Re	questor's Name)	
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B. BOSTICK
NOV 2 7 2012
EXAMINER

# **COVER LETTER**

Division of Co			
SUBJECT:	January Enterphises, LLC Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspondent	ondence concerning this matter to the following:		
	Kelly L. Davis Name of Person		
	Banyan Financial Group Firm/Company		
	700 W. Hillsboro Blud. Ste. 3-110		
	Deerfield Beach FL 33441  City/State and Zip Code  Klydus @ hotmail. Com  E-matl address: (to be used for future annual report notification)	12 NOV 3	<u> </u>
For further information of	concerning this matter, please call:	26 f	
Kelly	Davi S at (561) 420-4334 For Area Code & Daytime Telephone Number	12 NOV 26 PM 4: 08	
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy)		ed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

January	Enterprises, LLC
(Name of the Limited Liabili	ty Company as it now appears on our records.)
(A Fiorida	2-12-11 Original
The Articles of Organization for this Limited Liability	Company were filed on $\frac{12-12-11}{10-25-12}$ and assigned
Florida document number <u>-000 215 075</u>	
L1100013909	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
Banyon Finance	Ial Group. LLC
The new name must be distinguishable and end with the w	rords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADL	DRESS)
	EE 72
n	88. 2
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
	80
B. If amending the registered agent and/or reg	istered office address on our records, enter the name of the nev
registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del> -	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGRM Remove Remove Add Remove Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	11-21-12
	Signature of a member or authorized representative of a member Kelly Lavis
	Reliq Lauis
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

12 NOV 26 PH 4: 08

SECRETICAL FLORIDA