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## COVER LETTER

Division of Corp	nancial Group, L.L.C.				
SUBJECT:		ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subi	nitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Judice Karagiannes				
		Name of Person			
	A.D.S. Financial Gro	up, L.L.C.			
		Firm/Company			
	1940 SW 124 Way				
		Address			
	Miramar, Florida 330	27			
		City/State and Zip Code			
	judyk222@comcast.r				
	E-mail address: (1	o be used for future annual report r	notification)	, no	
For further information co	oncerning this matter, please ca	ill:		2014	<del>-</del>
Judice Karagiannes	3	954 288-40	78	DEC 2	d d
Name of	Person	Area Code Day	time Telephone Number	- 監事 2	
				三 三 3	
Enclosed is a check for th	e following amount:			933	i Tara
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

**Registration Section** 

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

A.D.S. Financial Group, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L12000007466</u> .	ere filed on January 17, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		*** N3
-		
Enter new mailing address, if applicable:		22
Mailing address MAY BE A POST OFFICE BOX)		Te re
		54 5
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action MGR** Judice Karagiannes 1940 SW 124 Way, Miramar, FL 33027 □ Add ■ Remove **AMBR** Judice Karagiannes 1940 SW 124 Way, Miramar, FL 33027 ☐ Remove **AMBR** Stephanie M. Karagiannes 1940 SW 124 Way, Miramar, FL 33027 ☐ Remove 2014 SS PAdd Remove S ☐ Add ☐ Remove \_ Add \_□ Remove

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Effective date, if other than the da The effective date must be specific, cannot be the date this document is filed by the Florid	te of filing:  e prior to date of receipt or filed date and canno a Department of State)	(optional) t be more than 90 days after
Dated December 18	2014	
ated		
Sig	nature of a member or authorized representative	ve of a member
Judice Karagiannes		
, -		

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Filing Fee: \$25.00

