

42000007466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

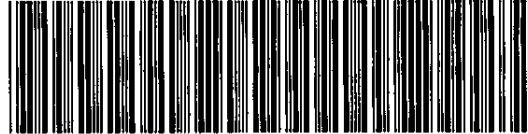
(Business Entity Name)

(Document Number)

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DEC 31 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.D.S. Financial Group, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Judice Karagiannes

Name of Person

A.D.S. Financial Group, L.L.C.

Firm/Company

1940 SW 124 Way

Address

Miramar, Florida 33027

City/State and Zip Code

judyk222@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judice Karagiannes

Name of Person

954 288-4078

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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A.D.S. Financial Group, LLC

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Judice Karagiannes	1940 SW 124 Way, Miramar, FL 33027	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Judice Karagiannes	1940 SW 124 Way, Miramar, FL 33027	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Stephanie M. Karagiannes	1940 SW 124 Way, Miramar, FL 33027	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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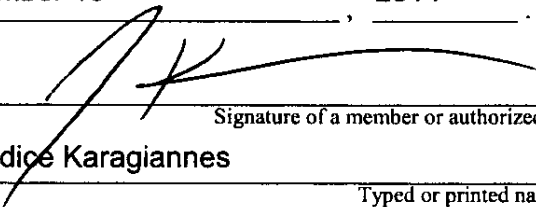
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 MIAMI-DADE COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 18, 2014



Signature of a member or authorized representative of a member
Judice Karagiannes

Typed or printed name of signee

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Filing Fee: \$25.00

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