# 112000014421

| (Requestor's Name)                      |               |
|---|---------------|
| (Address)                               | 10025456      |
| (Address)                               | 100201000     |
| (City/State/Zip/Phone #)                |               |
| PICK-UP WAIT MAIL                       |               |
| (Business Entity Name)                  | 12/19/1301003 |
| (Document Number)                       |               |
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Foreign Currency Co, LLC

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:

# **Shane Northrop**

Name of Person

## Northrop Financial Group, LLC

Firm/Company

13700 Six Mile Cypress Pkwy. Ste 2

Address

Fort Myers, FL 33912

City/State and Zip Code

shane@northropfinancial.com

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

For further information concerning this matter, please call:

## **Shane Northrop**

239 271-2488

Name of Person

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

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| Foreign Currency Co, LL  |                                     |  |                        |                    |            |
|--|-------------------------------------|--|------------------------|--------------------|------------|
| (Name of the Limited L<br>(A F   | iability Compan<br>Iorida Limited L | y as it now appoint in the second of the sec | ears on our records.   | )                  |            |
| The Articles of Organization for this Limited Lial Florida document numberL1200001442′     | bility Company                      |  | 01/31/2012             | and assi           | gned       |
| This amendment is submitted to amend the follow  | ving:                               |  |                        |                    |            |
| A. If amending name, enter the new name of t   | he limited liabi                    | ility company h  | ere:                   |                    |            |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limit                    | ted Liability Com  | pany," the designation | on "LLC" or the ab | breviation |
| Enter new principal offices address, if applical   | ble:                                | 13421 Pa   | rker Common            | ns Blvd.           |            |
| (Principal office address MUST BE A STREET   | ADDRESS)                            | Suite 102  |                        | 25 O               | Ch seek .  |
|  |                                     | Fort Myer  | s, FL 33912            |                    |            |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B         | <u>0X)</u>                          | 13421 Pa<br>Suite 102  | rker Commor            | ns Blvd.           |            |
|  |                                     | Fort Myer  | s, FL 33912            |                    |            |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | ce address here                     |  |                        | ter the name of    | the new    |
| Name of New Registered Agent:  |                                     |  |                        |                    |            |
| New Registered Office Address: 13700 Six Mile Cypress Pkwy. S                              |                                     |  | Enter Florida street   |                    |            |
|  | Fort Myers                          |  |                        | a 33912            |            |
|  |                                     | City   | , riona                | Zip Code           |            |
| New Degistered Agent's Signature if changing De  | orietanad Agants                    |  |                        |                    |            |

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, Lhereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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> | Name        | Address                           | Type of Action |
|--------------|-------------|-----------------------------------|----------------|
| MGRM         | Ryan Sasser | 13421 Parker Commons Blvd Ste 102 | Add            |
|              |             | Fort Myers, FL 33912              | Remove         |
| MGRM         | Ryan Sasser | 13007 River Road                  | Add            |
|              |             | Fort Myers, FL 33905              | Remove         |
|              |             | قر<br>ت                           | 20             |
| MGR          | Brad Sack   | 13421 Parker Commons Blvd Ste 102 | Add            |
|              |             | Fort Myers, FL 33912              | -Remove        |
|              |             |                                   | 12: 36         |
|              |             |                                   | Add            |
|              |             |                                   | Remove         |
|              |             |                                   | Add            |
|              |             |                                   | Remove         |
|              |             |                                   | Add            |
|              |             |                                   | _ Remove       |

| D. If ame    | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--------------|---|
| _            |   |
|              |   |
| <del>-</del> |   |
| -            |   |
| _            |   |
| -<br>Dated   |   |
|              | Man Hathron   |
|              | Signature of a member or authorized representative of a member                                |
|              | Shane Northrop, Certified Public Accountant   |
|              | Typed or printed name of signee   |

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Filing Fee: \$25.00