

06/14/2030 00:1

# L12000091290

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

#2859 P.001/004

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(((H12000195973 3)))



H120001959733ABC4

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Division of Corporations  
Fax Number : (850) 617-6383

From:

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12 AUG -2 AM 11:48  
SECRETARY OF STATE  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACREDITED FINANCIAL SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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AUG - 8 2012

EXAMINER

08/14/2030 00:10  
850-817-6381

8/2/2012 8:52:51 AM PAGE 1/001 FAX SERVER

#2858 P.002/004



August 2, 2012

LAZARUS

SUBJECT: ACREDITED FINANCIAL SOLUTIONS LLC  
REF: L12000091290

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H12000195228  
Letter Number: 112A00020151

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
12 AUG -2 PM 8:46

**H 1 2 0 0 0 1 9 5 9 7 3**  
**ARTICLES OF AMENDMENT**  
**TO**  
**ARTICLES OF ORGANIZATION**  
**OF**

**Accredited Financial Solutions LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7-13-12 and assigned Florida document number L120000091290

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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 Changing Registered Agent, Signature of New Registered Agent

**H 1 2 0 0 0 1 9 5 9 7 3**

H12000195973

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

Title	Name	Address	Type of Action
MGRM	Miguel Cardozo		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

August 1, 2012

Signature of a member or authorized representative of a member

Miguel Cardozo

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H12000195973

AUG. 2, 2012 8:10:52AM

8/2/2012 8:54:07 AM PAGE 1/001 Fax NO. 2487 P. 1



August 2, 2012

FLORIDA DEPARTMENT OF STATE

AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP  
Division of Corporations

SUBJECT: PROYECTOS Y DESARROLLOS TETZNER LLC  
REF: W12000040516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Gina McLeod  
Regulatory Specialist II

FAX Aud. #: H12000192075  
Letter Number: 612A00020150