# L12000 152340

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Address)                               |                    |           |
| (Ad                                     | ldress)            |           |
| (Cit                                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Business Entity Name)                  |                    |           |
| (Document Number)                       |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
| . '                                     |                    |           |
|   |                    |           |
|   |                    |           |
|   |                    |           |

Office Use Only

B. KOHR
DEC 27 2012
EXAMINER



900242531569

12/17/12--01032--003 \*\*25.00



## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

WEINKLE FINANCIAL, 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:

# DANA M KAUFMAN

Name of Person

KAUFMAN & COMPANY, P.A.

Firm/Company

1200 BRICKELL AVE STE 950

Address

MIAMI, FL 33131

City/State and Zip Code

# DKAUFMAN@KAUFMANCPAS.COM

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

For further information concerning this matter, please call:

# DANA M KAUFMAN

\_305\45**5-031**4

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)

2 PRC 17 PALL OF STREET

### 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**

### WEINKLE FINANCIAL, LLC

|   | O.r   |                                    |  |
|---|---|------------------------------------|--|
|   |   |                                    | A COMMENT                                |
| WEINKLE FINANCIAL, LLC  |   |                                    | TES ES                                   |
| ( <u>Name of the Limited Liability</u><br>(A Florida                | y Company as it now appears<br>Limited Liability Company) | on our records.                    | 18 18 18 18 18 18 18 18 18 18 18 18 18 1 |
|   |   |                                    | To the second                            |
| The Articles of Organization for this Limited Liability (           | Company were filed on DEC                                 | <u> </u>                           | 12 and assigned.                         |
| Florida document number L12000152340                                |   |                                    | 10 A                                     |
|   |   |                                    | All K                                    |
| This amendment is submitted to amend the following:                 |   |                                    | , <b>y</b>                               |
| A. If amending name, enter the new name of the lim                  | ited liability company here                               | ž.                                 | ,  |
| W FINANCIAL, LLC  |   |                                    |  |
| The new name must be distinguishable and end with the world.L.L.C." | rds "Limited Liability Compar                             | ny," the designation               | "LLC" or the abbreviation                |
| Inter new principal offices address, if applicable:                 | <del></del>   |                                    | -  |
| <u>Principal office address MUST BE A STREET ADDI</u>               | RESS)   |                                    |  |
|   |   |                                    |  |
|   |   |                                    |  |
| Enter new mailing address, if applicable:                           |   |                                    |  |
| Mailing address MAY BE A POST OFFICE BOX)                           | - <del></del>   | <del></del>                        |  |
| · · · · · · · · · · · · · · · · · · ·                               |   |                                    |  |
|   |   |                                    | <del></del>                              |
| 3. If amending the registered agent and/or regist                   | tered office address on o                                 | ur records, enter                  | the name of the new                      |
| egistered agent and/or the new registered office add                | ress here:  | , oco , <u>o.,, o.,, o.,, o.,,</u> | the name of the new                      |
|   |   |                                    |  |
| Name of New Registered Agent:                                       |   |                                    |  |
|   |   |                                    |  |
| New Registered Office Address:                                      | Trate   | er Florida street aa               | 1.1                                      |
|   | Enie  | or rioriaa street aa               | uress                                    |
|   |   | , 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

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

| <u>Title</u>  | <u>Name</u> | Address  | Type of Action |
|---------------|-------------|--|----------------|
|               |             |  |                |
| - <u></u>     |             |  | Add            |
|               | ,           |  |                |
|               |             |  | Remove         |
|               | ·           |  |                |
|               |             | ·  |                |
|               |             |  |                |
| ·             |             | ·  | Add            |
|               |             | ·  | <u></u>        |
|               |             | <del></del>  | Remove         |
|               |             | •  |                |
|               |             |  |                |
|               |             |  |                |
| <del></del> . |             |  | Add            |
|               |             |  | <b></b>        |
|               |             |  | Remove         |
|               |             |  |                |
|               |             |  | <del>-</del>   |
|               |             | ·  |                |
|               |             |  | Add            |
|               |             |  |                |
|               |             |  | Remove         |
|               |             |  |                |
|               |             |  | <del></del>    |
|               | ,           |  | <u> </u>       |
| <del></del>   |             |  | Add            |
|               |             |  | <b></b>        |
|               | •           | ·  | Remove         |
|               |             |  |                |
|               |             | <del></del>  | ·              |
|               | •           |  |                |
|               |             | n  | Add            |
|               |             |  |                |
|               | •           | 4. Marin and Company and Compa | Remove         |
|               |             |  |                |
|               |             |  |                |

| If amending any other information, enter | change(s) here: (Attach additional sheets, if necessary.) |
|--|---|
|  |   |
|  |   |
|  |   |
| ed DECEMBER 13                           | 2012  |
| Signature of a                           | member or authorized representative of a member           |
| DANA M. KAUPMAN                          |   |
| •  | Typed or printed name of signee                           |

Page 3 of 3

Filing Fee: \$25.00