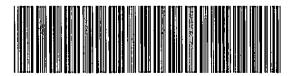
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Tallahassee, FL 32314

	Registration Se Division of Co			
SUBJEC		AL GIRL FRIDAY, LLC		
SOBJEC	۷I:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		STACY SERRANO		
			Name of Person	
		FINANCIAL GIRL FRID	AY, LLC	
			Firm/Company	
		915 WEST GASTON PLA	ACE	
			Address	
		TAMPA, FL 33604		
			City/State and Zip Code	
		FINANCIALGIRLFRIDAY	•	Ta
F . 6 . 0	· c		to be used for future annual report no	itification)
		concerning this matter, please c	ан:	
STACY	SERRANO		813 405-5335 at ()	
	Name c	of Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for t	he 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 Addres	-	Street Address:	
	Registration Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINANCIAL GIRL FRIDAY, 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 MARCH 23, 2013 and assigned Florida document number 1.13000043731 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL.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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AMOS ROSS III	915 WEST GASTON PLACE	≣Add
		TAMPA, FL 33604	□Remove
			□ Change
			□Add
			□Remove
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record s	specifies a delayed effective date, but not a	an effective time, at	12:01 a.m. on the earlier	r of: (b) The 90th day a	ofter the
ated	August 23	_QQQQ			

Typed or printed name of signee