

L13000/34444

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

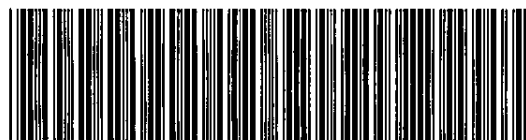
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COVER LETTER

TO: • Registration Section
Division of Corporations

SUBJECT: **A PLUS FINANCIAL SERVICES 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:

ANNA ORESTE SAINT VIL

Name of Person

A PLUS FINANCIAL SERVICES LLC

Firm/Company

633 NE 167 STREET STE 308

Address

NORTH MIAMI BEACH FL 33162

City/State and Zip Code

annaoreste1@yahoo.com

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

For further information concerning this matter, please call:

Anna Saint Vil

Name of Person

at **305 7854222**

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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TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A PLUS FINANCIAL SERVICES 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 September 23, 2013 and assigned Florida document number L13000134444.

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)

633 NE 167 STREET STE 308

NORTH MIAMI BEACH

FL 33162

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:

633 NE 167 STREET STE 308

Enter Florida street address

NORTH MIAMI BEACH

City

Florida 33162

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Frantz Saint Vil	9370 Fox Hollow Ln	<input checked="" type="checkbox"/> Add
		Weeki Wachee	<input type="checkbox"/> Remove
		FL 34613	
Member	Natacha St Vil	521 NE 173 Street	<input checked="" type="checkbox"/> Add
		North Miami Beach	<input type="checkbox"/> Remove
		FL 33162	
Member	Jonathan'n Saintilien	20481 NW 10 Ave	<input checked="" type="checkbox"/> Add
		Miami Gardens	<input type="checkbox"/> Remove
		FL 33169	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 DATE 10/1/01 BY 60322 UCBAW

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

The purpose for which this Limited Liability Company is
organized is: Multi Services: Income tax, Insurance,
Accounting, Credit repair.

Dated December 9, 2013

Anna Saint Vil

Signature of a member or authorized representative of a member

Anna Oreste Saint Vil

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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