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AUG 29 2014  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Finaben 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:

Arlene Raijman, Esq.

Name of Person

Arlene Raijman Law Firm, P.A.

Firm/Company

1815 Purdy Avenue

Address

Miami Beach, FL 33139

City/State and Zip Code

arlene.raijmanlaw@gmail.com

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

For further information concerning this matter, please call:

Arlene Raijman

Name of Person

at 305 864-8812

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

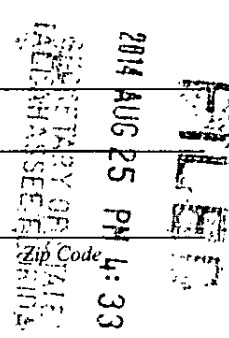
**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

## Finaben LLC

The Articles of Organization for this Limited Liability Company were filed on November 14, 2013 and assigned Florida document number L13000159941.

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ALABAMA  
JASSEE FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 31 , 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

David Bensassan - Manager  
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA