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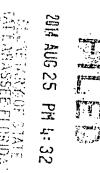
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COVER LETTER

TO: Registration Section
Division of Corporations

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

*,,*305*、*864-8812

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) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finaben LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000159941	were filed on November 14, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 W. Flagler, 9th Floor	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130	
Enter new mailing address, if applicable:	66 W. Flagler, 9th Floor	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33130	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	2014 AUG
New Registered Office Address:	Enter Florida street address	55.55
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	

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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u> </u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Remove
			Add
			□ Remove
			□ Add
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			☐ Remove

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ne effective date must be specific, c ne date this document is filed by the	annot be prior to date of receipt or filed date and came Florida Department of State)	not be more than 90 days after
ffective date, if other than to the effective date must be specific, one date this document is filed by the lated July 31	annot be prior to date of receipt or filed date and cannot be Plorida Department of State)	not be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

