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(Re	equestor's Name)	
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(Document Number)		
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SECRETARY OF STATE AND ASSEED FROM

B. BOSTICK
APR - 3 2014

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

JANE 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:

We	ndv	Duva	all

Name of Person

Firm/Company

## 7545 E Treasure Drive Apt 4H

Address

## North Bay Village, FL 33141

City/State and Zip Code

### wendyduvall@gmail.com

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

For further information concerning this matter, please call:

Wendy Duvall

*",*786、314-1041

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)

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

ny as it now appears on our records.) Liability Company)		
were filed on 03/18/2014	and assigned	
ility company here:		
ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
4960 SW 52nd Street		
Unit 423	<b>(2)</b>	
Davie, FL 33314	k	
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ffice addr <del>es</del> s on our records, <u>ente</u> <u>e</u> :	r the name of the n	ew
,		
Enter Florida street address		
, Florida _	2: 0 1	
City	Zip Code	
	were filed on 03/18/2014  ility company here:  ility Company," the designation "LLC" or the 4960 SW 52nd Street  Unit 423  Davie, FL 33314  fice address on our records, enterest	were filed on 03/18/2014 and assigned

If Changing Registered Agent, Signature of New 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.

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 = M $AMBR = A$	anager uthorized Member	ger rized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Add	
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).	If amending any other information, enter cha	ange(s) here: (Attach additional sheets,	if necessary.)
	Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 9	( <b>optional)</b> 00 days after
	Dated April 2nd	2014	
	Mariane	Beltrame	
	Signature of a mo	ember or authorized representative of a member	
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00