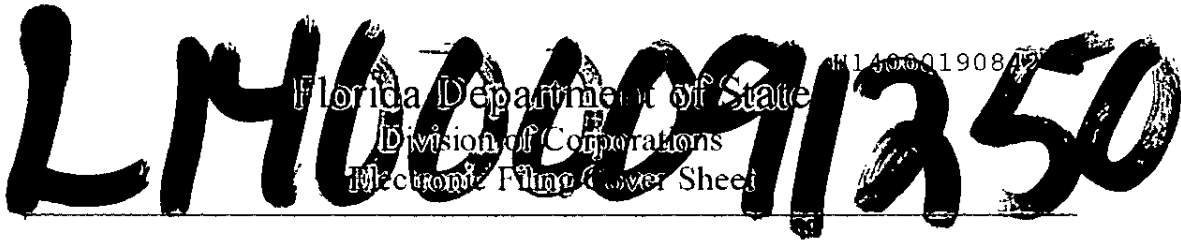


08/13/2014

09:04

TO:18506176383 FROM:9545102072

Page: 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000190842 3)))



H140001908423ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GFB TAX SERVICE LLC
Account Number : I20120000047
Phone : (754) 246-6160
Fax Number : (954) 510-2072

2014 AUG 13 AM 10:09
FILED
CLERK OF STATE
TALLAHASSEE FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gastonbelen@gfbtaxservice.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FP FINANCIAL GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 AUG 13 PM 2:34

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

AUG 14 2014
D. BRUCE

H14000190842 3

08/13/2014

09:04

TO:18506176383 FROM:9545102072

Page: 3

COVER LETTER

H14000190842 3

TO: Registration Section
Division of Corporations

SUBJECT: **FP FINANCIAL GROUP 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:

GASTON BELEN

Name of Person

GFB TAX SERVICE LLC

Firm/Company

5210 SW 201st TERRACE

Address

SOUTHWEST RANCHES, FL 33332

City/State and Zip Code

GASTONBELEN@GFBTAXSERVICE.COM

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

For further information concerning this matter, please call:

GASTON BELEN

Name of Person

at **754 246-6160**

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

H14000190842 3

FILED
2014 AUG 13 AM 10:09
TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

ARTICLES OF AMENDMENT H14000190842 3
TO
ARTICLES OF ORGANIZATION
OF

FP FINANCIAL GROUP 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 06/06/2014 and assigned
Florida document number L14000091250.

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)

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

_____, Florida _____

City

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 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

H14000190842 3

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>
--------------	-------------	----------------	-----------------------

AMBR	GERMAN G PAGLIONE	C/O GFB TAX 6303 BLUE LAGOON DR # 400	<input type="checkbox"/> Add
------	-------------------	---------------------------------------	------------------------------

		MIAMI, FL 33126	<input checked="" type="checkbox"/> Remove
--	--	-----------------	--

AMBR	FP INVESTMENTS GROUP LIMITED	WICKHAMS CAY P.O. BOX 662,	<input checked="" type="checkbox"/> Add
------	------------------------------	----------------------------	---

		ROAD TOWN, TORTOLA, BVI	<input type="checkbox"/> Remove
--	--	-------------------------	---------------------------------

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

2014 AUG 13 AM 10:09
FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

08/13/2014

09:04

TO:18506176383 FROM:9545102072

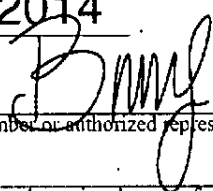
Page: 6

H14000190842 3

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

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 AUGUST 13, 2014



Signature of a member or authorized representative of a member

GASTON BELEN

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

H14000190842 3

2014 AUG 13 AM 10:09
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA