

L14000107438

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15 APR 15 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIBERTY WORLD FINANCE 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:

DIANA DEE KING

Name of Person

Firm/Company

5221 SW 23 TERRACE

Address

DANIA , FLORIDA 33312

City/State and Zip Code

LIBERTYWORLDFINANCELLC@GMAIL.COM

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

For further information concerning this matter, please call:

DIANA DEE KING

954 962 - 2503

at ()

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**

LIBERTY WORLD FINANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 APR 15 PM 12:20
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/07/2014 and assigned
Florida document number L14000107438.

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)

5221 SW 23 TERRACE

DANIA, FLORIDA 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5221 SW 23 TERRACE

DANIA, FLORIDA 33312

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:

DIANA DEE KING

New Registered Office Address:

5221 SW 23 TERRACE

Enter Florida street address

DANIA

City

Florida 33312

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

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

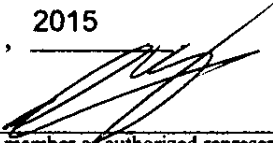
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRS	DIANA DEE KING	5221 SW 23 TERRACE DANIA,FL 333	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	FLAVIO RODNEY MONTE	5221 SW 23 TERRACE DANIA,FL 333	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
EX.P	HALIL UZUNDEMIR		<input type="checkbox"/> Add
		3650 N 56 AVE SUIT:520 HOLLYWOOD	<input checked="" type="checkbox"/> Remove
MGR	EGE UZUNDEMIR	5221 SW 23 TERRACE DANIA,FL 3331	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 APRIL, 14, 2015



Signature of a member or authorized representative of a member

Diana D. King

Typed or printed name of signer