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DEC 05

EXAMINER

COVER LETTER 💣

TO: Registration Sec Division of Cor			
FLORIN	FINANCIAL, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jonathan D. Florin	·	
		Name of Person	
	FLORIN FINANCIAL	_, LLC	
		Firm/Company	
	801 Brickell Ave, Su	ite 900	
		Address	
	Miami, FL 33131		14 MOV 2: SECRETAL ALL ARAS
	 -	City/State and Zip Code	2
	JFlorin@FlorinFin.co		Sold College
	E-mail address: (to be used for future annual report notification	on)
For further information co	oncerning this matter, please ca	all:	
Jonathan D. Florin		305 998-9625	7 3 3 S
Name of	Person		ephone Number
Enclosed is a check for the	e 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

FLORIN FINANCIAL, LLC		
(<u>Name of the Limited Liability Comp</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 <u>L14000119325</u>	were filed on 7/30/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company heré:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 Brickell Ave, Suite 900	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	***************************************
Enter new mailing address, if applicable:	801 Brickell Ave, Suite 900	NDV 25
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131	TO TO IT
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:		
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

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>	Address	Type of Action
MGR	Bradley J. Florin	3509 COPPER SPRING DR.	
		FORT COLLINS, CO 80528	■ Remove
MGR	Jonathan D. Florin	801 Brickell Ave, Suite 900	■ Add
		Miami, FL 33131	□ Remove
			Remove SECRETA NOV 22 A SECRETA SECR
			DRemove 39
			Add
			Remove
			Add
			□ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(The eff	ive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
(The eff the da	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
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(The eff the da	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
(The eff the da	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) November 14, 2014.

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Filing Fee: \$25.00

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SECRETARY OF STATE
VALUE ASSESSED. FLORID