

L14000152157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 10 P 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JUN 10 PM 1:16
TALLAHASSEE, FLORIDA

May 25, 2016

ANDRE JOHNSON
14419 SEAGRASS CIRCLE
BOCA RATON, FL 33498

SUBJECT: LYNX FINANCIAL LLC
Ref. Number: L14000152157

We have received your document for LYNX FINANCIAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00011062

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TALLAHASSEE, FLORIDA

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A check was originally mailed & cashed
for \$35.00. The filing fee is \$25.00. Please
refund me the \$10.00. Thank you.

Andre Johnson

561-239-2530

AndreJ420@aol.com

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: _____

Lynx Financial 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:

Andre Johnson

Name of Person

Lynx Financial LLC

Firm/Company

11419 Seagrass Circle

Address

Boca Raton FL 33498

City/State and Zip Code

Andre J420@aol.com

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

For further information concerning this matter, please call:

Andre Johnson

Name of Person

at (561)

Area Code

239-2530

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)

original check was cashed for \$35.00 Check #1414

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

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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TO
ARTICLES OF ORGANIZATION
OF

Lynx Financial 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 9/30/2014 and assigned Florida document number L14000152157.

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 contain 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)

11419 Seagrass Circle
Boca Raton FL 33498

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11419 Seagrass Circle
Boca Raton FL 33498

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:

Andre Johnson

New Registered Office Address:

11419 Sea Grass Circle
Enter Florida street address
Boca Raton, Florida 33498
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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>James Spasen</u>	<u>403 S.E. 13th Street</u>	<input type="checkbox"/> Add
		<u>Ft Lauderdale FL 33316</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>P</u>	<u>Andre Johnson</u>	<u>11415 Seagrass Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton FL 33498</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

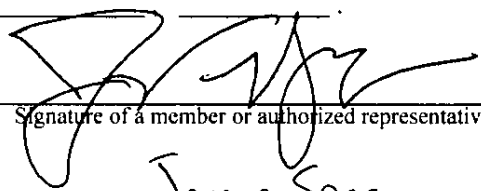
Lined area for document content.

E. Effective date, if other than the date of filing: 5/11/2014 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

2016 JUN 10 P 3 12
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STATE SECRETARY

Dated 6/1/2014



Signature of a member or authorized representative of a member

James Spass

Typed or printed name of signee