

L 15000068160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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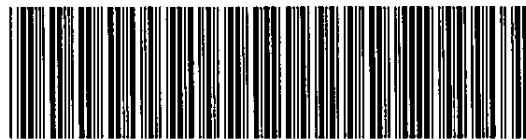
(Business Entity Name)

(Document Number)

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2015 MAY 18 PM 4:22
CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 19 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUMPHREYS 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:

GILBERTO HUMPHREYS
Name of Person

HUMPHREYS FINANCIAL SERVICES LLC
Firm/Company

4101 N HIATUS ROAD #301
Address

SUNRISE FL, 33351
City/State and Zip Code

gilhumphreys@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILBERTO HUMPHREYS at ⁷⁸⁶~~904~~ 439-8844
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/27/15 and assigned
Florida document number 47-3837683 #L15000068160

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HUMPHREYS FINANCIAL SERVICES LLC
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)

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: GILBERTO HUMPHREYS

New Registered Office Address: 4104 N. HIAWAS RD # 301
Enter Florida street address

SUNRISE, Florida 33351
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	M. LINA CALABRO	4101 N HIATUS RD #301 SUNRISE FL 33351	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	P. CHRISTOPHER CLAY	4533 BOUGAINVILLE DR #4 LAUDERDALE BY THE SEA FLORIDA 33300	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	GILBERTO HUMPHREYS	4101 N HIATUS RD #301 SUNRISE FL 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
JAIL AHAASSEE, FLORIDA

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

WHEN IT WAS ORIGINALLY CREATED IT WAS ENTERED IN
AS "HUMPHREYS FINANCIAL LLC" I WOULD LIKE TO
CHANGE THE NAME TO HUMPHREYS FINANCIAL SERVICES LLC.

IN ADDITION (2) TWO ADDITIONAL MEMBERS WERE
ADDED (SEE PREVIOUS PAGES)

THE NAME WAS ALSO EDITED FROM GILBERT HUMPHREYS
TO GILBERTO HUMPHREYS

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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E. Effective date, if other than the date of filing: _____ (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.

Dated MAY 6th 2015



Signature of a member or authorized representative of a member

GILBERTO HUMPHREYS

Typed or printed name of signee