## 11500080322

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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UNING 9 2015

## **COVER LETTER**

TO: Registration S Division of Co			٠	
Money An	d Stuff LLC		·	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Dennis Fogarty			
	***************************************	Name of Person		
	Human Financial LLC			
		Firm/Сотралу	·····	
	564 Coral Dr.			
		Address		
	Naples FL 34102			
		City/State and Zip Code	<u> </u>	
	dennis@humanfinancialllc.		SEC SEC	
	E-mail address: (	to be used for future annual report notifi-		Π
For further information	concerning this matter, please c	all:	JUN -	
Dennis Fogarty		239 5308556 at ( )	EFOR N	
	of Person		Telephone Number STA	J
Enclosed is a check for t	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

Money and Stuff LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records. imited Liability Company)	)
The Articles of Organization for this Limited Liability Con	mpany were filed on 5/6/2015	and assigned
Florida document number L15000080322	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Human Financial LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u>(SS)</u>	
		70 2
Enter new mailing address, if applicable:		
		SSE SSE
(Mailing address MAY BE A POST OFFICE BOX)		mo in
B. If amending the registered agent and/or register		SA T
B. If amending the registered agent and/or registered agent and/or the new registered office address	rea omce adaress on our recorus, ss here:	≥ ∞
Together a agent and of the party is a strong arms.	· · · · · · · · · · · · · · · · · · ·	•,
N 60 5 11 14 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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

Page 1 of 3

MGR= M AMBR= A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			□ Remove
			D Add
			□ Remove
			□ Change
		/	□ Add
			☐ Remove
			Change
			TALES EAdd
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			ORIDA Add
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If amending any other information, enter change(s) here: (Attach a		
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Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing.  Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	(optional)  ng or more than 90 days after filing.) Pursuan	nt to 605.0207 (3
he record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the	earlier of:
Dated 4, 20/5.		
Signature of member or authorized representations	ntative of a member	<del></del>
, ,		

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Filing Fee: \$25.00