

U5000142523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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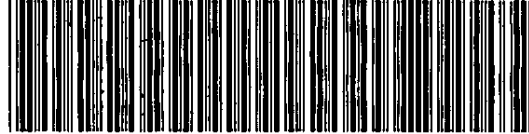
(Business Entity Name)

(Document Number)

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16 MAY -9 PM 4:58

MAY 10 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Finco Investments Limited 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:

Michael D Wild

Name of Person

WFP Law

Firm/Company

1250 S Pine Island Rd, Ste 200

Address

Plantation, FL 33324

City/State and Zip Code

mwild@wfpilaw.com

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

For further information concerning this matter, please call:

Michael D Wild

954

944-2855

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

15 MAY -9 PM 4:58
TALLAHASSEE, FL 32301
DIVISION OF CORPORATIONS
STATE OF FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Finco Investments Limited 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 08/19/2015 and assigned
Florida document number L15000142523.

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)

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:

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 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	Jaime M Cooper	8010 Via Sardinia Street	<input type="checkbox"/> Add
		Unit 4213	<input checked="" type="checkbox"/> Remove
		Estero FL 33928	<input type="checkbox"/> Change
MGR	Jessica Saranich	3216 Selwyn Farms Lane #2	<input type="checkbox"/> Add
		Charlotte NC 28209	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jaime Cooper Consulting Corp	1250 S Pine Island Rd, Ste 200	<input checked="" type="checkbox"/> Add
		Plantation FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Saranich Consulting Inc	3216 Selwyn Farms Lane #2	<input checked="" type="checkbox"/> Add
		Charlotte NC 28209	<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

46 AM - 6 PM
FRI. FEB. 14
ST. JOHNS COUNTY
FLORIDA

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

95441-9 11

REC'D STATE
- FBI OF FLORIDA
JAN 20 1968
FBI - TAMPA

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 April 26, 2016

Jessica Saranich

Signature of a member or authorized representative of a member

Jessica Saranich

Typed or printed name of signee