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COVER LETTER

SUBJECT:Fir	nancial USA LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		James Beckish	
		Name of Person	,, <u> </u>
		Financial USA LLC	
		Firm/Company	
	143	35 Brickell Ave, Unit 3609	
		Address	
		Miami, FL 33131	
	<u>.</u>	City/State and Zip Code	
	jar	nes.beckish@gmail.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
James	s Beckish	at (407) 808-2011 Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed

MAILING ADDRESS:

, TO:

Registration Section

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

Financial USA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _____ and assigned Florida document number ______L16000103244 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> Karan, birol	<u>Address</u> 1700 E LAS OLAS BLVD	Type of Action
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		310.202	■ Remove
		FORT LAUDERDALE, FL 33301	
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ctive date, if other than the defective date is listed, the date must be	ate of filing:	date of filing or more than	(optional) 90 days after filing) Pursi	uant to 605.02
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ecord specifies a delayed one 90th day after the recor		an effective time, a	it 12:01 a.m. on th	he earlier
September 1st	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00