117000075782

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000318391940

99/17/18--01020--001 ++25.60

FILED

18 SEP 17 PH 12: 35

SECRETARY OF JAMES ALL ANASSES. FT OR TOR TOR

SEP 21 2018

COVER LETTER

TO:	Registration Se Division of Cor		•	
SUBJE	Money4L			
.,(/13,51)	<u> </u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Roger Goindoo		
			Name of Person	
			Firm/Company	
		6531 NW 98th Drive		
			Address	
		Parkland, FL 33076		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi-	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Daniel P. Sokoloff, CPA		CPA	954 448-4107	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

Money4Love, LLC					
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records ty Company)	<u>z)</u>			
The Articles of Organization for this Limited Liability Company were	e filed onApril 4, 2017	and assigned			
lorida document numberL17000075782					
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability of	company here:				
NEXX Financial, LLC					
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC"	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		TAL SE			
Principal office address MUST BE A STREET ADDRESS)		ا باراي الا			
		St. 7			
Tuton many madding address if applicables					
		<u> </u>			
Mailing address MAY BE A POST OFFICE BOX)		<u>™2 & </u>			
		<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records	2: 3 5 URIDA			
d agent and/or the new registered office address here.					
Many and Many Devilation of Agreets					
Name of New Registered Agent:		_			
New Registered Office Address:					
	Enter Florida street address				
	Flo	orida			
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			☐ Remove
			Change
		.	Remove
			FILED BOTH AND PHIRE 35 CHANGE FOR COMMENT
			Remove 33 33 □ Change
			Add
			Remove
			Change
			□ Add
			Remove
			□ Change

-						_
						_
				 -		
						_
	<u> </u>		_ _		<u>-</u>	_
						_
-				.		
						_
			·			_
					<u>i-</u>	_
	-		.===	<u> </u>	1	
		- 	<u> </u>	<u> </u>	<u> </u>) —
					SF SF	
					138	
					<u> </u>	F
				-	- 1	— : <u>"</u>
				<u>.</u>	PHIZ: 35	_
					CA -	
effective <u>e:</u> If the	ate, if other than the date of date is fisted, the date must be spe date inserted in this block doo effective date on the Departm	cific and cannot be prior to es not meet the applical	date of filing or mo	(option e than 90 days after fi	i ai) ling.) Pursuant to (605,020 isted a
	specifies a delayed effect of the condition is		an effective ti	me, at 12:01 a.	m. on the ea	rlier
ed	September 10	20 18	_·			
-	PO-Signan	ure of a member or author	ized representative o	f a member		

Page 3 of 3

Filing Fee: \$25.00