# 117000128551

(Requestor's Name)
(Address)
(Äddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

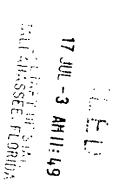
Office Use Only



700300780527

07/03/17--01029--030 \*\*25.00

### FILING CANCELLED RETURNED CHECK



#### **COVER LETTER**

TO: Registration Se Division of Cor			•	
SUBJECT:	PRUDE N Name of Lim	T CCR PORA ited I tability Compa	E FINAN	CE HC
	Amendment and fee(s) are sub	•		G CANCELLED RNED CHECK
	JOAŌ SAY	AO Name of Pers	ion .	
	PRUDENT CO	ORFORATE Firm/Compa	FINAN	CE LLC
	495 BRICKE	LL AVE S Address	U.12 407	F. MIAMI - 33131
	My ARM Fire & Plusti	FL City/State and Zip ALLUSA: CO to be used for future	33134 Code M annual report notifi	cation)
For further information ed	oncerning this matter, please co			
JOAO SAC	IAO Terson	at ( <u>905</u> Area Cod	345- de Daytime	- 7370 Telephone Number
Enclosed is a check for th	e following amount:			
△ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filin Certified C cadditional co		☐ \$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

## FILING CANCELLED RETURNED CHECK

(Name of the Limited Liability (	Company as it now appears on our records.) imited Liability Company)
(A Florida Li	imited Liability Company)
The Articles of Organization for this Limited Liability ConFlorida document number $24700128551$	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	ed liability company here:
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 ADDRES	(SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new ss here:
	ss here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
	Florida Cits 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	PRUDENT INVESTMENT AD	IVISERS	PARERAWEG, 45-CURAÇÃO Add
FILIN	G CANCELLED		☐ Remove
RETU	JRNED CHECK		Change
		<del> </del>	
			☐ Remove
			□ Change
			Add Lange Promove SSET Control Remove
			Change
			□ Add
			Remove
			□ Change
			Remove
			☐ Change

	FILING CA	ANCEL	LED						
	RETURNI						•		
			<del></del>			<del></del> -			<del></del>
		<del> </del>	<del></del>	-	<del> </del>	<del></del>	<u> </u>	<del></del> -	
						<u> </u>			
	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del>					<del></del>
	<del> </del>								
									_
-								-	<del></del> -
	<u> </u>							<del></del>	
							<u> </u>	- 7	
				<u></u>				<u> </u>	
							izer ASS	1	, . ••• .
				·			 	æ.	<u> </u>
iffective dat	e, if other than the o	date of filing:	00/ š	412017	£	(option	, T	=	1 2 1 1 2 1
fan effective da	ite is listed, the date must	be specific and c	annot be prior t	o date of filing (	u more than 90	days after ti	i <b>ட</b> ்பும்	support to	605,0207
	late inserted in this blo fective date on the De					nents, this d	rês wiii	I <del>tan</del> be	listed as
iocument s ei									
locument s et		effective da	te, but not	an effectiv	e time, at	12:01 a.r	n. on t	he ea	rlier of
e record sp	pecifies a delayed								
e record sp The 90th	day after the reco	ord is filed.							
e record sp The 90th	day after the reco	ord is filed.		<b>,</b> )					
e record sp	day after the reco	ord is filed.	1						
e record sp The 90th	day after the reco	ord is filed.	10						

Page 3 of 3

Filing Fee: \$25.00