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(Reques	itor's Name)	
(Addres	s)	·
(Addres	s)	
(City/Sta	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE A

K. SALY NOV 14 2017

COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Interest Fina	ncial, LLC		
SOBJEC		Name of Limit	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspor	ndence concerning this matter to	o the following:	
		Robert Starr		
			Name of Person	
		Interest Investments, Inc		
			Firm/Company	
		2800 SW Williston Rd Apt	211	
			Address	· · · · · · · · · · · · · · · · · · ·
		Gainesville, FL 32608		
			City/State and Zip Code	
		bo@interestinvestments.com	no be used for future annual report notific	
				cation)
For furth	er information α	oncerning this matter, please ca	dl:	
Robert S	Starr		407 227-4975 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e 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**



Interest Financial, 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 Con	nnany were filed on October 12,	2017 and assigned
Florida document number L17000211824		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
en e		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe		cords, enter the name of the n
registered agent and/or the new registered office addre	<u>ss here</u> :	
Name of New Registered Agent:		
Nov. Barineral Office Address.		
New Registered Office Address:	Enter Florida street	address
		. Florida
	Ciry	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent an	nd garag to act in this capacit	I further agree to comply with t
t nereby accept the appointment as registerea agent are provisions of all statutes relative to the proper and con	m agree to act in this capacity	es, and I am familiar with and
accent the obligations of my position as revistered age		

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>	Address	Type of Action
MGR	Robert Starr	2800 SW Williston Road Apt 211	
		Gainesville, FL 32608	■ Remove
			□ Change
AMBR	Interest Investments, Inc.	2800 SW Williston Road Apt 211	■ Add
		Gainesville, FL 32608	☐ Remove
		<u> </u>	Change
			Remove
			Charles Add SEE, F
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Typed or printed name of signee

Filing Fee: \$25.00