i.	
(Requestor's Name)	-
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer	
J. HORNE OCT 22 2024	
OCT 22 100	
Office Use Only	



600438122176



RECEIVED

(850) 524-54372 (850) 524-6243 Sandull Authorization Signature: Finesse Financial Freedom. LLC Business name Document # Will wait __ Walk in ___ Certified Copies of the Articles of Organization Certificate of Status **NEW FILINGS AMENDMENTS** ___ Profit X Amendment Resignation of R.A. Officer/Director Not for Profit ___ LL.C Change of Registered Agent ____ Domestication Dissolution/Withdrawal __ INC Conversion CORP Statement of FACT **OTHER** Merger **OTHER FILINGS REGISTRATION/QUALIFICATIONS** Annual Report Foreign Filing Partnership Fictitious Name Reinstatement CORRECTION for a Foreign LLC Statement of Authority Domestication of a Foreign Corp. APOSTIL **COUNTRY** Other

FLORIDA CAPITAL COURIER SERVICES. INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Please use funds from the account	I20210000160:\$25.00
Authorization Signature:	Jan Luce
Finesse Financial Freedom. LLC Business name	Document #
Walk in	Will wait
Certified Copies of the Articles of	f Organization
Certificate of Status	·
NEW FILINGS	<u>AMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
LLC	Change of Registered Agent
Domestication	Dissolution/Withdrawal
INC	Conversion
CORP	Statement of FACT
OTHER	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing
•	Partnership
Fictitious Name	Reinstatement
	CORRECTION for a Foreign LLC
Statement of Authority	
	Domestication of a Foreign Corp.
APOSTIL	
COUNTRY	Other
EXAMINER'S INITIALS:	_

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FINESSE F	FINANCIAL FREEDOM LLC				
30bJEC1	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Francette Irace				
		Name of Person			
	FINESSE FINANCIAL FI	REEDOM LLC			
		Firm/Company			
	5930 Thomas Street				
		Address			
	Hollywood, FL 33021				
		City/State and Zip Code			
	Consult@FinesseFinancialF	reedom.com			
	E-mail address: (to be used for future annual repo	ort notification)		
For further information c	oncerning this matter, please co	all:			
Francette Irace		954 882-85	559		
Name o	r Person	at () Area Code I	Daytime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 9	Section	Street Addre Registratio	n Section		
Division of C	Corporations	Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINESSE FINANCIAL FREEDOM LLC

2024 00. 18 ATTO: 11

(, 1:)

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.20000221401	Company were filed on 10/17/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	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 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
Treasurer	JAYMESHAN BROWN	5771 JOHNSON STREET #5379	■ Add
		HOLLYWOOD, FL 33021	□Remove
			Change
			□Add
			□Remove
			□Change
	 		🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
		 	□ Change
			□Add
			□ Remove
			□Change
			□ Add
			□ Remove

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records. cord 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 stiled.		· · · · · · · · · · · · · · · · · · ·					
ective date, if other than the date of filing:							
ective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:					-		
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							<u>-</u>
effective date, if other than the date of filing:							
effective date, if other than the date of filing:						_	
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
effective date, if other than the date of filing:							
ed $\frac{10/17}{}$. $\frac{2024}{}$. Francette B . Arace	<u>e:</u> If the date inserted in th	the date of filing: must be specific and easis block does not med	annot be prior to e	date of filing or i	nore than 90 day ng requirement	optional) safter filing.) Purs s, this date will t	uant to 605.020 not be listed as
		etive date, but not ar	ı effective time	, at 12:01 a.m.	on the earlier	of: (b) The 90tl	h day after the
	ed	·	2024				
		Frances	tte B. A	race			
					a of a mambar		