

L20000 221401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

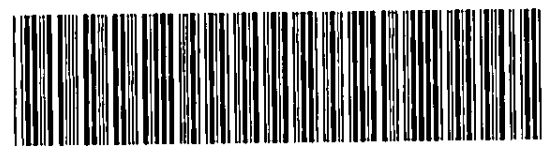
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

J. HORNE
OCT 22 2024

Office Use Only



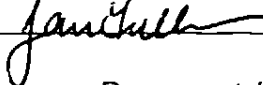
600438122176

2024 OCT 18 11:19:10

RECEIVED
2024 OCT 18 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FL

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: 

Finesse Financial Freedom, LLC

Business name

Document #

 Walk in

 Will wait

 Certified Copies of the Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 LLC

 Domestication

 INC

 CORP

 OTHER

AMENDMENTS

 X Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Conversion

 Statement of FACT

 Merger

OTHER FILINGS

 Annual Report

 Fictitious Name

 Statement of Authority

 APOSTIL
COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Partnership

 Reinstatement

 CORRECTION for a Foreign LLC

 Domestication of a Foreign Corp.

 Other

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 Lull*

Finesse Financial Freedom, LLC

Business name

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EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINESSE FINANCIAL FREEDOM LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francette Irace

Name of Person

FINESSE FINANCIAL FREEDOM LLC

Firm/Company

5930 Thomas Street

Address

Hollywood, FL 33021

City/State and Zip Code

Consult@FinesseFinancialFreedom.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francette Irace

954

882-8559

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1. 2. 3.

2024-09-18 AM 10:11

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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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change CLARE PRYCE title to VP.

[illegible]

E. Effective date, if other than the date of filing: 08/01/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 10/17 2024

Francette B. Irace

Signature of a member or authorized representative of a member

Francette B. Irace

Typed or printed name of signee