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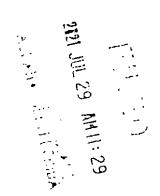
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COVER LETTER

Division of Corpo	orations		
SUBJECT: Finan	ces Deluxe	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ana V	velez	
		Name of Person	
	Finances	Deluxe LLC Firm/Company	
		• •	
	3609 NW	191st Suite 2	7
		Address	
	Miami,	FL 33056	2
		City/State and Zip Code	
	FinancesD	DELUXE LLC @GMaj	1. com_
			ification)
For further information cor	ocerning this matter, please ca	all:	
Ana Vel	0.4.	at (786) 2815	8-32
Name of F	Person	Area Code Daytin	ne 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.)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Finances Deluxe (Name of the Limited Liability Companion (A Florida Limited Liability)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 02 10 20	2) and assigned
Florida document number L21000070900		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		121
Enter new mailing address, if applicable:		29
(Mailing address MAY BE A POST OFFICE BOX)		
		29
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the	name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Floric	18 Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S	am familiar with and Or, if this document is

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
AMBR	Ana h Velez	3609 NW 191st Miami, Fl	
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			□Remove
			Change
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fective date, if other than the date of filing:		_ (optional)	
in effective date is fisted, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable st	of filing or more than 90 d	ays after filing.) Purst	ant to 605,0201
cument's effective date on the Department of State's records.	antaory ming requireme	ing, this date with the	or be nated as
		e a em ant	
ecord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earth	erot: (b) The 90th	iday after the
nted 07/26/21			
Signature of a member or authorized	` _		