Division of Corporations Electronic Filing Cover Sheet

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(((H21000387277 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **FPAL DOMAIN HOLDINGS**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

OCT 1 9 2021

A. LUNT

The attached amendment includes a name change to satisfy the FL Department of State's requirements.

The original articles did not include a suffix and the doc was filed.

Per Tim Burch, if there are any issues w/ this filing, please see him.

Thank you,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000387277

FPAL DOMAIN HOLDINGS		38
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	SION UP
The Articles of Organization for this Limited Liability Company	were filed on August 18, 2021	and assigned $\frac{1}{2}$
Florida document number 1.2.1000371741		77 P. C.
This amendment is submitted to amend the following:		FORATE HE
A. If amending name, enter the new name of the limited liab	ility company here:	
FPAL DOMAIN HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
	City	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 accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and t, 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 H21000387277

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Financepal Holdings LC	17 N State Street, Ste 210, Chicago, IL 60602	□Add
			■ Remove
			Change
MGR	Douglas Osrow	c/o 17 N State Street, Ste 210, Chicago, IL 60602	\(\overline{\overline
			□Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗀 Add
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			Change
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mending any other information, enter change(s) here: (A	ttach additional sheets, if nece	essary.)
		
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		: 17
		
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to de e: If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	te of filing or more than 90 days after statutory filing requirements, this	s date will not be listed
ord specifies a delayed effective date, but not an effective time, filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after t
d October 13 , 2021 .		
9		
Signature of a member or authorized	representative of a member	
Douglas Osrow		

Filing Fee: \$25.00