

h27000289547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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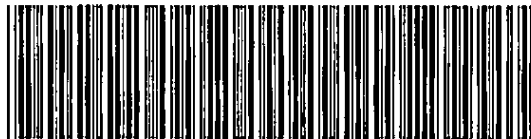
(Business Entity Name)

(Document Number)

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2022 JUL 20 PM 5:54
TALLAHASSEE, FLORIDA

SEP 29 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINMO 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:

N. LAFLEUR
Name of Person
FINMO LLC
Firm/Company
301 PALM WAY SUITE 106
Address
PEMBROKE PINES FL 33025
City/State and Zip Code
info.finnobiz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NADEGE LAFLEUR 954 8224794
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FINMO 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 Company were filed on JUNE 27, 2022 and assigned
Florida document number L22000289547

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FINMO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5674 WASHINGTON ST

(Principal office address MUST BE A STREET ADDRESS)

HOLLYWOOD FL 33023

Enter new mailing address, if applicable:

301-106 PALM WAY

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES FL 33025

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NIBS TAX PROFESSIONALS

New Registered Office Address:

5674 WASHINGTON STREET

Enter Florida street address

HOLLYWOOD

Florida

33023

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	PIERRE-CHARLES, BRYAN	301 PALM WAY	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIERRE-CHARLES, STEVEN	301 PALM WAY	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	LAFLEUR, NADEGE	301 PALM WAY	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	PIERRE-CHARLES, IDSON	301 PALM WAY	<input type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAFLEUR, NADEGE	301 PALM WAY	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PIERRE-CHARLES IDSON	301 PALM WAY	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33025	<input type="checkbox"/> Remove

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

N/A

E. Effective date, if other than the date of filing: _____ (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 JULY 8TH

Signature of a member or authorized representative of a member

NADEGE LAFLEUR

Typed or printed name of signee

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2022 JUL 20 PM 5:54
TALLAHASSEE, FLORIDA