Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCCRP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3586

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIN SEEKER 39 LLC

Certificate of Status	0
Certified Copy	()
Page Count	03
Estimated Charge	\$25.00

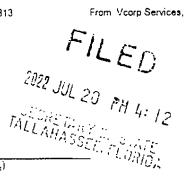
2022 JU. 20 FILLY: 24

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Fin Seeker 39 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 Compan	y were filed on 7/19/2022	and assigned
Florida document number L22000318363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
FINSEAKER39, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	280 Interstate North Cir., Suite	425, Atlanta, GA 30339
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	280 Interstale North Cir., Suite	425. Atlanta, GA 30339
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	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	глист и пин зачесицигез <u>я</u>	
<del></del>	, Flori	du
	City	zip Coar

## 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

18886118813

MGR = Manager AMBR = Authorized Member

or removed from our records:

Title	<u>Name</u>	Address	Type of Action
MGR	John Varner	John Varner	□Add
		280 Interstate North Cir., Suite 425	□Remove
		Atlanta, GA 30339	• Change
			□Add
			Refigire
			可(hange
			DRemove R
		2004	□Add
			Remove
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Note: If the date inserted in this	rust he specific and cannot be prior to date of fill	(optional)  ng or more than 90 days after filing.) Pursuant to 605.0207 (3)  ry filing requirements, this date will not be listed as the
e record specifies a delayed effect rd is filed	tive date, but not an effective time, at 12:0	Farm on the earlier of (b). The 90th day after the
Dated	2022	
Douglas Sta		
- 2 v mg mm - 3 m	W Signature of a member or authorized representations	entative of a member