L22000407746

(F	Requestor's Name)	
(¢	Address)	
4)	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
(E	Business Entity Name)	
	Occument Number)	
Certified Copies	Certificates of St	atus
Special Instructions to Fi	ling Officer:	

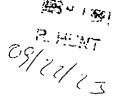
Office Use Only



000416137120

2023 SEP 22 PH 12: 40





Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312
(850) 656-4724

DATE_	09/22/2023	_	**WALK IN**
ENTITY	NAME ART OF	FINANCE, LLC	
DOCUM	1ENT NUMBER_		
		PLEASE FILE THE ATTACHED AND RETURN	
XXXXX	xxxx	Plain Copy Certified Copy Certificate of Status	DIVIŠLIV GRECHTO 2023 SEP 22 FM
	**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	FH 12: 40
		Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:	
		APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTR	ey of DESTINATI	'ON	
		ES REQUESTED	
TOTAL	OWED \$ 30.00	ACCOUNT # 120160000072 4:	
Please	call Tina at th	e above number for any issues or concerns. Thank you so muci	h!

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

SUBJECT:	NANCE, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DANIEL SOKOLOFF, CF	A, PA	
		Name of Person	
	TAX ADVISORS OF SOU	JTH FLORIDA	
Firm/Company			
715 E. HILLSBORO BLVD, 2ND FLOOR			
		Address	
	DEERFIELD BEACH, FL	33441	
	***	City/State and Zip Code	
	DSOKOLOFF@TAXSOF		
		to be used for future annual report notif	fication)
For further information ed	oncerning this matter, please or	all:	
DANIEL SOKOLOFF		954 360 - 847	77
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	e 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		Street Address:	
Registration S Division of C		Registration Sec Division of Con	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART OF FINANCE, LLC					
(Name of the Limi	ted Linbility Compa (A Florida Limited	uny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document numberL22000407776	iability Company	were filed on09	/19/2022	_ and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Lunited Liabi	ility Company," the design	nation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:		3535 SOUTH OCE			
(Principal office address MUST BE A STREET ADDRESS)		HOLLYWOOD, FL	. 33019		
		ACAS CONTINOCT	ANI INDINE #2004	0171510k a 2023 SEP	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOD, FL		<u></u>	
B. If amending the registered agent and/or		address on our reco	rds, enter the name (2 P	
agent and/or the new registered office addre				0	
Name of New Registered Agent:	DANIEL P. SOKOLOFF, CPA, PA				
New Registered Office Address:	715 E. HILLSE	BORO BLVD, 2ND FL			
	DEERFIELD I		, Florida ³³⁴⁴	1	
		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 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	ROGER GOINDOO	3535 S. OCEAN DRIVE, #2004	
		HOLLYWOOD, FL 33019	□Remove
			■ Change
			□ Add
			□ Remove
			□Change
			GAdd Corision Corisio
			□Æ₫d
			□Change
			Remove
			[]Change
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			2023
			2023 SEP
			SEP :
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If an effect Note: If		fic and cannot be prior to date of filing or more than 90 d not meet the applicable statutory filing requireme	
e record s rd is filed		ut not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
Dated	SEPTEMBER 20th	2023	
_	N.		
	Signati	e of a member or authorized representative of a member	·
	3- 4	,	
		ROGER GOINDOO	

Filing Fee: \$25.00