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COVER LETTER

	gistration Servision of Corp		•	
EDDIVOT.		ancial Services LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Krystal Farinas		
			Name of Person	
		Farinas Financial Services	LLC	
			Firm/Company	7.07
		249 Upper Matecumbe Rd		
			Address	,
		Key Largo, Fl. 33037		- **F3
			City/State and Zip Code	
		fs.fin.svcs@gmail.com	to be used for future annual report notification)	~~~
For further i	nformation co	oncerning this matter, please of	•	
Krystal Fai		, _F	305 707-7160	
	Name of	Person	at () Area Code Daytime Telephone	Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Re Di P.0	eiling Address egistration S vision of C O. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Farinas Financial Services LLC			
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited L Torida document number		April 11, 2023	and assigned
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compan	y here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	·	
Principal office address MUST BE A STREI	ET ADDRESS)		
	 .		
			. 25
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
			_
		,	3 13
3. If amending the registered agent and/or		ur records, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office addre	ss here:		. 27
Name of New Registered Agent:	Krystal Farinas		
New Registered Office Address:	249 Upper Matecumbe Rd		
	Ente	r Florida street address	
	Key Largo	, Florida	33037
	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.

Krystal Farinas

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
MGR	Krystal Farinas	249 Upper Matecumbe Rd, Key Largo, FL. 33037	= Add
			□ Remove
		 	Change
			□Add
			□Remove
			□ Change
			□Add
			Change
			□ <u>V</u>
			□Remove
			Change
			□ Add
			Remove
			□Add
			□Remove
			ПСтана

	ctive date, if other than the date of filing:		
	ive date, if other than the date of filing: [coptional]	_	
	tive date, if other than the date of filing:		
	tive date, if other than the date of filing: (optional) fiective 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 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis		
	tive date, if other than the date of filing:		
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	tive date, if other than the date of filing: [(optional)] ffective 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 60; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	_	
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	tive date, if other than the date of filing: (optional) ffective 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 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list		•
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	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 60 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	-	·
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ffective 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 6. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li-	The second succession of the population of the second seco	Te	ve date, if other than the date of filing:
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Krystal Farinas	Krystal Farinas	l _	Krystal Farinas
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Filing Fee: \$25.00