

M10000003858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100298676281

05/02/17--01050--019 **25.00

FILED
17 MAY -2 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALVAREZ | ARRIETA
& | DIAZ-SILVEIRA LLP

Direct Dial 305.740.1956
vbertrand@aadsllaw.com

www.aadsllaw.com

May 1, 2017

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Finaccess Advisors, LLC a Delaware limited liability company
Qualified to do business in Florida; Document No. M10000003858
Our File No.: 127.000

Dear Sir or Madam:

Enclosed please find (1) Cover Letter and Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida; and (2) our firm's check No. 6791 in the amount of \$25.00 to cover the filing fee.

Please file this amendment at your earliest convenience and return a confirmed copy to me in the overnight envelope provided.

Should you need any additional information, please let us know.

Thank you for your assistance.

Sincerely,



Victoria Bertrand
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINACCESS ADVISORS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Albert Diaz-Silveira, Esq.

Name of Person

Alvarez Arrieta & Diaz-Silveira LLP

Firm/Company

1001 Brickell Bay Drive, #2110

Address

Miami, Florida 33131

City/State and Zip Code

Adiaz-silveira@aadslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert Diaz-Silveira, Esq. at (305) 740-1940

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FINACCESS ADVISORS, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: _____

3. Jurisdiction of its organization: M10000003858

4. Date authorized to do business in Florida: 08/31/2010

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Member	Javier Lopez Casado	1111 BRICKELL AV. SUITE 2175	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
Mgr./CEO	Javier Lopez Casado	1111 BRICKELL AV. SUITE 2300	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
Secretary	Irene Guinot	1111 BRICKELL AV. SUITE 2300	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
Chief Compliance Officer	Daniel Diaz	1111 BRICKELL AV. SUITE 2300	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

JAVIER LOPEZ CASADO

Typed or printed name of signee

Filing Fee: \$25.00