

L1200072363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

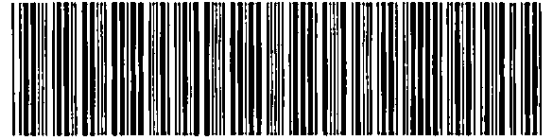
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6358 W18-20936

Office Use Only



700316037597

07/27/18--01015--018 ++25.00

FILED
18 SEP 20 AM 10:48
TALLAHASSEE, FLORIDA

SEP 21 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2018

DAVID HENNING
24SIXTEEN FINANCIAL GROUP
1452 OAKFIELD DRIVE
BRANDON, FL 33511

SUBJECT: 24SIXTEEN FINANCIAL GROUP, LLC
Ref. Number: L12000072363

FILED
18 SEP 20 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 24SIXTEEN FINANCIAL GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 318A00016048

RECEIVED
18 SEP 20 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 24Sixteen Financial Group
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:

David Henning
Name of Person
24Sixteen Financial Group
Firm/Company
1452 Oakfield Drive
Address
Brandon, FL 33511
City/State and Zip Code
david.henning@tfaconnect.com
E-mail address: (to be used for future annual report notification)

FILED
18 SEP 20 AM 10:48
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Henning at (727) 776-4410
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

24Sixteen Financial Group

(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 05/30/2012 and assigned Florida document number H12000142219.

This amendment is submitted to amend the following:

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

24Sixteen Leadership Development L.L.C.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1452 Oakfield Drive

Brandon, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1452 Oakfield Drive

Brandon, FL 33511

FILED
SEP 20 AM 10:48
CLERK OF CIRCUIT COURT
FLORIDA

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: _____

New Registered Office Address:

1452 Oakfield, Drive

Enter Florida street address

Brandon

City

Florida 33511

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
 18 SEP 20 11 10:18
 TALLAHASSEE, FLORIDA

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

Lined area for amending information.

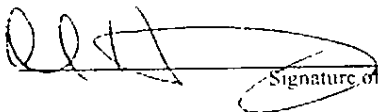
E. Effective date, if other than the date of filing: _____ (optional)

(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 (a) The date specified or (b) The 90th day after the record is filed.

FILED
18 SEP 20 10:48
STATE OF FLORIDA
TALLAHASSEE

Dated July 18th, 2018



Signature of a member or authorized representative of a member

David Henning

Typed or printed name of signer