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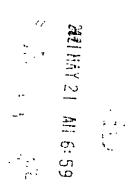
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O SIMMONS JUN 24 2021

COVER LETTER

TO: Registration S Division of Co			
3T CAPIT SUBJECT:	TAL GROUP, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The sealer 1 4 of t	6		
	f Amendment and fee(s) are sul	C	
Please return all corresp	ondence concerning this matter	to the following:	
	TAYLOR A PENN		
		Name of Person	
	3T CAPITAL GROUP, L	LC	
		Firm/Company	
	3735 FRANKLIN RD, SU	JITE 253	
		Address	
	ROANOKE, VA 24016		
	 	City/State and Zip Code	
	TAYLOR@PARKSIDECA		_
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report not	dification)
	concerning this matter, please c	aii:	
TAYLOR A PENN		540 915-6445 at ()	
Name	of Person	Area Code Daytin	ne 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3T CAPITAL GROUP, LLC 2021 MAY 21 AH 6:59 (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 04/14/2021 and assigned Florida document number L21000174512 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices 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) 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: Enter Florida street address

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>	Name	Address Address Address	6: 59
AP	YOVANI GARCIA	3735 FRANKLIN RD, SUITE 253	•
		ROANOKE. VA 24014	Add
			□Change
AMBR	JOE P KRAFT	3735 FRANKLIN RD, SUITE 253	□Add
		ROANOKE, VA 24014	Remove
			□ Change
AP	THOMAS VINOPAL	3735 FRANKLIN RD, SUITE 253	
		ROANOKE, VA 24014	Removē
			□Change
AMBR	KENDRA R GARCIA	3735 FRANKLIN RD, SUITE 253	\(\overline{\overli
		ROANOKE, VA 24014	□Remove
			□Change
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			□Change
			□Add
			□Remove
			□Change

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