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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

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CUD IEC		ERICAN FINANCIAL, LLC			Ŷ	*		
SUBJEC	J:	' Name of Lin	nited Liability Company					1
The encle	sed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please ret	um all corresp	ondence concerning this matter	to the following:					
		JOHN MEDINA						
		-	Name of Person	<u> </u>				
		ALL AMERICA FINANC	CIAL, LLC					
			Firn./Company					
		11322 MIRAMAR PARK	WAY, STE 151	WAY, STE 151				
		MIRAMAR, FL 33025						
			City/State and Zip Code					
		E-mail address: (to be used for future annual	report notificat	tion)			
For furthe	r information o	concerning this matter, please c	all:					
ЈОНМ МІ	EDINA		954 3	94-3320				
	Name e	of Person	Area Code	Daytime Te	lephone Number			
Enclosed i	is a check for t	he following amount:				4	2022 S	٠٣.
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is end		Certified (ing Fee.	SEP -6 PH 4: 09 CRETARY OF STAT	1,
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALL AMERICA FINANCIAL, LLC (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 8/3/2022 and assigned Florida document number L22000029433 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." 11322 MIRAMAR PARKWAY, STE 151 Enter new principal offices address, if applicable: MIRAMAR, FL 33025 (Principal office address MUST BE A STREET ADDRESS) 11322 MIRAMAR PARKWAY, STE 151 Enter new mailing address, if applicable: MIRAMAR, FL 33025 (Muiling 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 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>	Name	Address	Type of Action
			□ Add
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Effective date, if other than the date of filing:	
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August 3 2022	nt to 605.020 be listed as
August 3 2022	lay after the
Signature of a member or authorized representative of a member	
JOHN MEDINA	

Filing Fee: \$25.00