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PROPROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

	ir independent Managers Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jeff Stroop	
	(Name of Contact Person)
	(Firm/ Company)
628 N Walnut Suite C	
	(Address)
Murfreesboro. TN 37130	
	(City/ State and Zip Code)
jstroop@redanagency.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	lease call:
Jeff Stroop	615 469-2395 at
(Name of Contact P	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St	ee & \$\Bigsquare\$ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Association for Independent Managers Inc

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation: A. If amending name, enter the new name of the corporation: Independent Financial Professionals Association, Inc name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrevia "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address: Name of New Registered Agent:	The new
A. If amending name, enter the new name of the corporation: Independent Financial Professionals Association, Inc. Indep	The new
ndependent Financial Professionals Association, Inc name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrevia Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbrevial Company" or "Co." may not be used in the name. 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	
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(Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	-
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	of the
Name of New Registered Agent:	27 (5)
New Registered Office Address:	142
	orida
(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	Coha manietare

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President: T = Treasurer: S = Secretary, D = Director: TR = Trustee: C = Chairman or Clerk: CEO = Chief Executive Officer, CFO - Chief Financial Officer. If an officeridirector holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	$\overline{\underline{\mathbf{V}}}$ <u>Mik</u>	a Doe c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kyle Keller	307 Savanna Plains Dr
X Add			Spartanburg, SC 29307
Remove			
2) Change	D	Tommy Thompson	307 Savanna Plains Dr
X Add			Spartanburg, SC 29307
			\$5. 19
Remove			
3) Change			
Add			
Remove			F T
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4) Change			N N
Add			
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Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	<u>here</u> :		
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	date of each amendmen		, if other than the
late	this document was signed		
Eff	ective date <u>if applicable</u> :	July 25, 2019	
		(no more than 90 days after amendment file date)	
Not loc	e: If the date inserted in the time that the date in the time that the date on the time that the time the time that the time that the time that the time that the	his block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
۸de	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment oproval.	ut(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/wes firectors.	re
	Dated	7/25/19	
	Signature		
	(By the have i	entirman or vice charman of the board, president or other officer-if direction been selected, by an incorporator – if in the hands of a receiver, trustee, account appointed fiduciary by that fiduciary)	ors or
	_	Teff STROOT (Typed or printed name of person signing)	
		(Typed or printed name of person signing)	19 A
		President	AUG -
		(Title of person signing)	To B
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