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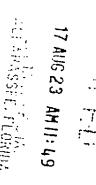
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COVER LETTER

TO:				
SUBJ		FINANCIAL, LLC		
		Name of Limi	ited Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
	Division of Corporations OLIPHANT FINANCIAL, LLC BUSING: Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filling. ease return all correspondence concerning this matter to the following: ROBERT A MORRIS Name of Person OLIPHANT FINANCIAL, LLC Firm/Company 2601 CATTLEMEN ROAD, SUITE 300 Address SARASOTA, FL 34232 City/State and Zip Code LICENSING@OLIPHANTFINANCIAL.COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: DBERT A MORRIS Name of Person 1 360-8990 Area Code Daytime Telephone Number closed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
			Name of Person	
		OLIPHANT FINANCIAL,	LLC	
			Firm/Company	
		2601 CATTLEMEN ROAL	D, SUITE 300	
			Address	
		SARASOTA, FL 34232		
			City/State and Zip Code	
		-		
		E-mail address: (t	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	dl:	
ROBI	ERT A MORRIS			
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

OLIPHANT FINANCIAL, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
	were filed on 12/13/2005	and assigned
orida document number L05000118941		
is amendment is submitted to amend the following:		
orida document number L05000118941 his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Onter new mailing address, if applicable: Aciling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	2601 CATTLEMEN ROAD, SUITE 300	0
• •	SARASOTA, FL 34232	
nter new mailing address, if applicable:	2601 CATTLEMEN ROAD, SUITE 300	0
failing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34232	
		the name of the
		17 /
Name of New Registered Agent:	· · · - · · · · · · · · · · · · · · · ·	<u> </u>
New Registered Office Address:		Ser.
 - 	Enter Florida street address	AMU Figure
	, Florida	Zip Code
	City	: EM COME

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>	Type of Action
MGR	MELODY CUFF	2601 CATTLEMEN RD, SUITE 30	
		SARASOTA, FL 34232	■ Remove
			☐ Change
MGR	THOMAS NOBLE	2601 CATTLEMEN RD, SUITE 30	
		SARASOTA, FL 34232	■ Remove
		.	☐ Change
MGR	CHARLES MORRIS	2601 CATTLEMEN RD, SUITE 30	■ Add
		SARASOTA, FL 34232	□ Remove
			Change
		_	Add
			Remove
			Chapte
			Remove
			Change
			☐ Remove
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fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the application.			
cument's effective date on the Department of State's records.		3 44.0 11.11	01 00 110100
record specifies a delayed effective date, but no	t an effective time, at 12:01.	am on th	e earlier
The 90th day after the record is filed.	e an enecesse ame, de 12.01	2.111. OH C	ic carner
AUGUST 17 / 2017			
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