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COVER LETTER

TO:	Registration Sec Division of Corp		•		
SUBJE		NANCIAL GROUP, PL	•		
устыту.	<u> </u>	Name of Limi	ited Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		GEORGE D. AVANT, JR.			
			Name of Person		
AVANT FINANCIAL GROUP, PL					
Firm/Company					
259 JOHN KNOX RD					
			Address		
		TALLAHASSEE, FL 3230	03		
			City/State and Zip Code		
		GAVANTJR@GMAIL.CO		•	
For furt	her information o	E-mail address: () oncerning this matter, please ca	to be used for future annual report notif	lication)	
GEORG	GE D. AVANT, J	R.	850 566-7135 at ()		
	Name of	l Person	Area Code Daytim	e Telephone Number	
Enclose	d is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVANT FINANCIAL GROUP, PL

2021 JUL 25 AH 7: 46

(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 Corida document number 1.08000052432	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new regi</u> s
AL CALL DO LA LA	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
 -	Enter Florida street address, Florida City 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>	Address	2020 UU 25 - AH 7 : 46	Type of Action
MGR	ROBERT REED	2986 STONY I		
		TALLAHASSI	EE, FL 32309	□Remove
				□Change
				🗆 Add
		-		□Remove
				□Change
				□Add
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e record specifies a d The 90th day after t	elayed effective date, b he record is filed.	ut not an effe	ctive time, at	12:01 a.m. on	the earlier o
June 24 ated	2020	<u> </u>	_		
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Page 3 of 3

HEATHER SHIVER
State of Florida-Notary Public
Commission # GG 186521
My Commission Expires
June 10, 2022

6/24/20