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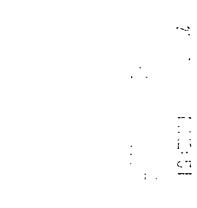
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor					
elibite <i>c</i> "		KOS FINANCIAL GROUP LE	.C			
SUBJEC [*]	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		PURUNCAJAS, JOHANN	1			
			Name of Person		_	
		ATLANTIKOS FINANCI	AL GROUP LLC			
			Firm/Company			
		4725 W. SAND LAKE RI	SUITE 200			
			Address			
		ORLANDO, FL 32819				
			City/State and Zip Code	•		r~.)
		INFO@ATLANTIKOSGR			·	<u> </u>
		E-mail address: (to be used for future annua	l report notification	on)	
For furthe	er information c	oncerning this matter, please ca	all:		·	
PURUNCAJAS, JOHANN		407 2:	59 2626			
	Name o	f Person	Area Code	Daytime Tek	ephone Number	
Enclosed	is a check for th	ne following amount:				
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy tadditional copy is er		S60.00 Filing Certificate of Certified Co (additional cop	of Status &
F	Mailing Addres Registration S	Section	Regist	Address: ration Section		
Division of Corporations P.O. Box 6327				on or Corpora entre of Talla		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIKOS FINANCIAL GROUP L	LC	
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records. Orda Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liabilit	y Company were filed on 10/19/2009	and assigned
Florida document number 1.09000100762		
This amendment is submitted to amend the following	ŗ,	
A. If amending name, enter the new name of the l	imited liability company here:	
ATLANTIKOS FINANCIAL LLC		
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
		9 9 13
		3-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- •
		(7)
B. If amending the registered agent and/or registe	ered office address on our records, enter t	he name of the how registered
agent and/or the new registered office address her		ne name or the new registered
	_	
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street address	
	. Flor	rida
	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:

WI ICHIOT	ea from our records.			
MGR =	Manager			

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□Change
			□ Add
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Effective date, if other than the date of fan effective date is listed, the date must be specif. Note: If the date inserted in this block does document's effective date on the Department.	fic and cannot be prior to date on the meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605. atutory filing requirements, this date will not be liste	.0207 ed as
record specifies a delayed effective date, bud is filed.	at not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated AUGUST 08	. 2024		
Signature	of a member or authorized re	presentative of a member	

Filing Fee: \$25.00