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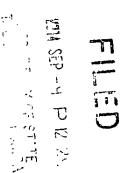
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B. BOSTICK
SEP 1 6 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Hamilton Financial Consultants, UC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Harry J Catton Name of Person
Hamilton Financial Consultaris LC Firm/Company 2750 N 29th Ave Suite#126
2750 N 29th Ave Sule#126
Hollywood, 72 33020 City/State and Zip Code
Harry Charge of Com. E-hard address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Havy J Carron at 954 870 - 4007 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$

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 TOARTICLES OF ORGANIZATION **OF**

The Articles of Organization for this Limited Liability Company were filed on Florida document number L0960067498 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 end with the words "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 ADDRESS) Enter new mailing address, if applicable: (Mailing 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: 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = MS $AMBR = AS$	anåger uthorized Member		
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	(optional) e of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department	t of State)
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Dated September 2.	t of State)

Page 3 of 3

Filing Fee: \$25.00