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MAR 1 6 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: PETROS ESTATE Y RETIREMENT PLANNING LLC 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:		
Petrus FINANCIA- CROUP Firm/Company		
4655 SGLISBURY Rol # DO Address		
JACKSONVILLE FL 33356  City/State and Zip Code		
E-mail address: (no bo-used for future annual report notification)	19	7.
For further information concerning this matter, please call:	7:1	1.1
Teanette Bajaha at (904) 824-5656 Name of Person Daytime Telephone Number	-7 PEIZ: 21	Y TESTAL
Enclosed is a check for the following amount:	~	57
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		.,

### MAILING ADDRESS:

TO:

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

PETROS FSTATE V RETIR (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil.  PETROS FINANCIAL CROUP.  The new name must be distinguishable and contain the words "Limited Liability".	Y 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)	4655 SALISBURY POL #100 TACKSONVILLED FZ 30051
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19
B. If amending the registered agent and/or registered office address here:	PH 12:
Name of New Registered Agent: Vark	Sizemore "
New Registered Office Address: 6550	St Augustine Rd Suite 30th Enter Morida street address
Jackson	City Sip 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
		<del></del>	
		<del></del>	Remove
			☐ Change
			Add
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			Change
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			Change
			Add
			Change

•	<del>-</del>
(If an ef Note:	ive date, if other than the date of filing:  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as item's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	March 4. 2019.
	Bonlia
	Signature of a member or authorized representative of a member  Teanarte Dayala  Typed or printed name of signee
	. // /

Page 3 of 3

Filing Fee: \$25.00