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B. FOSTICK
MAR 1 9 2014

COVER LETTER

TO:

Registration Section Division of Corporations

ASTWOOD FINANCIAL

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:

GEORGE ASTWOOD ASTWOOD FINANCIAL 16400 NW 15 AVE MIAMI, FL 33169 City/State and Zip Code info@astwoodfinancialgroup.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call:

George Aastwood

Name of Person

Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 06/16/2011 Florida document number L11000070438 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ASTWOOD FINANCIAL GROUP LLC The new name must be distinguishable and end with the words "Limited Liability Company." the designation "LLA 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)	
Florida document number L11000070438 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ASTWOOD FINANCIAL GROUP LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLA Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	and assigned
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(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	C" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
	52
	20 miles
Additing data ess SIAT BE ATOST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	s, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addres	\
171	orida
Cny	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

Thereby 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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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med March 14, 2014	and cannot be more than 90 days after
Sgnature of a member or authorized re	

Page 3 of 3

Filing Fee: \$25.00