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DEC 07, 2024

S. PRATHER

COVER LETTER

Registration Section
Division of Corporations

IFP TECHNOLOGY, LLC
ECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM E. HAMM JR.

Name of Person
IFP GROUP, LLC

Firm/Company
3030 N ROCKY POINT DR. W, SUITE 700

Address
TAMPA, FL 33607

City/State and Zip Code
bill@ifpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BAR MEHA _____ at (813) 387-4609
Name of Person Area Code 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 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**

IFP TECHNOLOGY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUL 12 AM 11:30
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

Articles of Organization for this Limited Liability Company were filed on JULY 24, 2011 and assigned
file document number LI1000084852.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

new name must be distinguishable and contain 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

1. 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:

3030 N ROCKY POINT DR W, STE 700

Enter Florida street address

Tampa

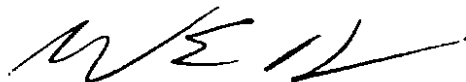
City

Florida 33607

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

3 = Manager
3R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
3	IFP GROUP, LLC	3030 N ROCKY POINT DR W	<input checked="" type="checkbox"/> Add
		SUITE 700	<input type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
3R	IFP ADVISORS, INC.	3030 N ROCKY POINT DR W	<input type="checkbox"/> Add
		STE 700	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amendments.

Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 10TH 2024



Signature of a member or authorized representative of a member

WILLIAM E. HAMM, JR

Typed or printed name of signee

2024 09 12 AM 11:50
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED