

L12000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

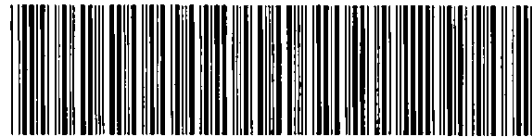
(Business Entity Name)

(Document Number)

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05/22/17--01019--010 \*\*30.00

17 JUN 29 AM 7:01  
RECEIVED  
FILING OFFICE  
STATE OF OHIO

2541



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2017

MARY C SCRIBNER  
307 NE 36TH AVE #1  
OCALA, FL 34470

SUBJECT: ZINNIA WEALTH MANAGEMENT, LLC  
Ref. Number: L12000000038

We have received your document for ZINNIA WEALTH MANAGEMENT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 617A00010305

**ROBSON  
SCRIBNER &  
STEWART, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

June 27, 2017

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dennis J. Robson, Retired  
Mary C. Scribner, CPA  
Suzanne Stewart, CPA

Lisa Yanes, CPA

ATTN: Justin M. Shivers  
Regulatory Specialist II Supervisor  
Registration Qualification Section

RE: NFIC Group, LLC / Zinnia Wealth Management, LLC (Name Change Request)

Dear Mr. Shivers,

This letter is in response to your letter dated May 23, 2017 regarding the above-mentioned entities.

As stated in your letter, Zinnia Wealth Management, LLC's name is not available for 1 year after dissolution unless the Department of State is provided with an affidavit stating that the dissolved entity has no future intention of using the name and thus, releasing it to another entity.

In this particular case, both entities are wholly owned by the same individuals and the new entity was created for the purpose of changing the name only. It was dissolved when it was realized that a new entity was not necessary to affect the name change. I am enclosing the requested affidavit from the dissolved entity stating that they are releasing the name for use by the entity requesting the name change.

For your reference, I am also enclosing a copy of your letter and the "Articles of Amendment to Articles of Incorporation".

I believe this will provide you with all the requested and necessary information, allowing the name change from NFIC Group, LLC to Zinnia Wealth Management, LLC. I will take this opportunity to thank you in advance for your prompt attention to this matter.

Please do not hesitate to contact me should you have any questions or need further information.

Sincerely,

*Mary C. Scribner, CPA*

Mary C. Scribner  
Certified Public Accountant

MCS:dm  
Enclosures  
cc: Zinnia Wealth Management, LLC

RECEIVED  
2017 JUN 30 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NFIC GROUP 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:

MARY C. SCRIBNER, CPA

\_\_\_\_\_  
Name of Person

ROBSON, SCRIBNER & STEWART, PA

\_\_\_\_\_  
Firm/Company

307 NE 36TH AVE #1

\_\_\_\_\_  
Address

OCALA, FL 34470

\_\_\_\_\_  
City/State and Zip Code

mary@rssepa.com

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

For further information concerning this matter, please call:

MARY C. SCRIBNER, CPA

352  
\_\_\_\_\_  
at ( )

694-4184

\_\_\_\_\_  
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/COURIER ADDRESS:

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

NFIC GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/30/2011 and assigned  
Florida document number 1.12000000038

This amendment is submitted to amend the following:

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

ZINNIA WEALTH MANAGEMENT, LLC

The 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:

SAME

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME

(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:

ROBSON, SCRIBNER & STEWART, PA

New Registered Office Address:

307 NE 36TH AVE., #1

*Enter Florida street address*

OCALA

*City*

Florida 34470

*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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

17 JUN 29 AM 7:01

E. Effective date, if other than the date of filing: 05/22/2017 (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 MAY 22 2017

Mary C. Scribner, CPA  
Signature of a member or authorized representative of a member  
MARY C. SCRIBNER, CPA  
Typed or printed name of signee