## 112000016195

(Re	equestor's Name)			
(Ac	idress)			
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(Document Number)				
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corpor	n ations		
SUBJECT: JHG	Fioneial L Name of Limi	L.C. ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
-	Amy	M. Christy Name of Person	
· -	JHG	Financial LLC:	<del> </del>
· .	2704 [	skeshove Blvd,	
		City/State and Zip Code	
For further information conc	·	Key Q yahov. Com to be used for future annual report notifical	tion)
Amy M. Name of Per		at ( <u>904)</u> <u>537 - 199</u> Area Code & Daytime T	elephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING Registratio	ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHG Financial, LLC	<u> </u>	
( <u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were to	filed on <u>02 - 02 - 2017</u>	_ and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
:		
The new name must be distinguishable and end with the words "Limited Lia "L.L.C."	ibility Company," the designation "LLC	" or the abbreviation
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)	<u> </u>	
<del></del>		
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ddress on our records, enter the	name of the new
	Ā	2 =
Name of New Registered Agent:		
New Registered Office Address:		N N
	Enter Florida street addres	
City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Rio	1 00 1 00
	15	•

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

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address** Type of Action <u>Name</u> MGRM ☐ Add Remove 🔲 Add Remove : Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May 24 . 2012 . Any M. Chusty,

Agnature of a member or authorized representative of a member Army M. Christy
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00