11200012363

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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18 SEP 20 MH0: 48

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SEP 21 2018 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2018

DAVID HENNING 24SIXTEEN FINANCIAL GROUP 1452 OAKFIELD DRIVE BRANDON, FL 33511

SUBJECT: 24SIXTEEN FINANCIAL GROUP, LLC

Ref. Number: L12000072363

We have received your document for 24SIXTEEN FINANCIAL GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

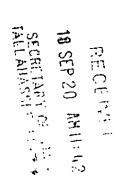
The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return 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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 318A00016048



COVER LETTER

Division of Corporations 24Sixteen Financial Group SUBJECT: 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: David Henning Name of Person 24Sixteen Financial Group Firm/Company 1452 Oakfield Drive Address Brandon, FL 33511 City/State and Zip Code david.henning@tfaconnect.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **David Henning** Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55,00 Filing Fee &: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$50.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

24Sixteen Financial Group (Name of the Limited)	Liability Compa	ny as it now appears on our liability Company)	records.)	-
The Articles of Organization for this Limited Liab	ility Company	were filed on 05/30/2011	2 and	assigned
Florida document number H12000142219				
lorida document number	 ,			
his amendment is submitted to amend the follow	ing:			
. If amending name, enter the new name of th	<u>ie Jimited liab</u>	ility company here:		
in the Development A A	<i>C</i> .			
he new name must be distinguishable and contain the word	ds "Limited Liab	lity Company," the designation	n "LLC" or the abl y o viátion	idalC."
Inter new principal offices address, if applicab		1452 Oakfield Drive		<u> </u>
		Brandon, FL 33511	<i>3</i> 7.11	2
Principal office address MUST BE A STREET	.ADDRESS.y		9:16	
was if analicable		1452 Oakfield Drive	FLORI	₹ 5
Enter new mailing address, if applicable:		Brandon, FL 33511	D'	· · · · · · · · · · · · · · · · · · ·
<u>Mailing uddress MAY BE A POST OFFICE B</u>	<u>0A)</u>			
3. If amending the registered agent and/or egistered agent and/or the new registered offi	r registered (ce address he	office address on our r re:	records, enter the na	ame of the
Name of New Registered Agent:	4.50 0-160	d Drivo	·	
New Registered Office Address:	1452 Oakfiel	Enter Florida stre	et address	
	Brandon		Florida <u>33511</u>	
	DIAMOON		, r ioi ioa	

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 $AMBR = M$	danager Authorized Member		
Title	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Office Company
			SEPO SEPO SEPO OCIONO Charge
			□ Add
			Remove
			Change
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fective date, if other than an effective date is listed, the da	n the date of filin	g:	to date of filing o	r more than 90 da	_(optional) sys after filing.) Pu	rsudul to 605.02
ote: If the date inserted in t	his block does not i	meet the applica	able statutory ii	ling requireme	nts, this date wil	I not be listed
seument's effective date on						30 37:F
e record specifies a del	ayed effective	date, but no	t an effectiv	e time, at 1.	2:01 a.m. on	the earlier
The 90th day after the	record is filed					10: 48 ORIDA
July 18th		2018			•	48 1 1
ated						
1) Od-				tive of a membe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00