## 113000048450

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## **COVER LETTER**

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CHD IE			SS FINANCE, LLC		
SOBJE	νΙ: <u> </u>			ed Liability Company	<del></del>
The encl	losed Arti	icles of An	nendment and fee(s) are subm	nitted for filing.	
Please re	eturn all c	correspond	ence concerning this matter to	o the following:	
			LOU FUOCO		
Name of Person					
FUOCO GROUP, LLC					
Firm/Company					
	772 US HIGHWAY ONE, SUITE 200				
				Address	<del></del>
	NORTH PALM BEACH, FL 33408				
City/State and Zip Code					<del>.</del>
			LFUOCO@FUOCO.COM		
			E-mail address; (to	be used for future annual report notifica	tion)
For furth	ner inforn	nation conc	cerning this matter, please cal	l:	
LOU F	JOCO			561 626-0400 at ( )	
	-	Name of Po	erson	at () Area Code Daytime Te	lephone Number
Enclosed	is a che	ck for the f	ollowing amount:		
<b>■ \$</b> 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

TFG BUSINESS FINANCE, LLC		
(Name of the Limited I	Jability Company as it now appears on our records.) Florida Limited Liability Company)	-
The Articles of Organization for this Limited Liabi Florida document number L13000048450	lity Company were filed on 10/02/2015	and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
TFG BUSINESS ADVISORY, LLC		· -4
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "H.C."
Enter new principal offices address, if applicable	e:	100.00
(Principal office address MUST BE A STREET A		5 m
		· · · · · · · · · · · · · · · · · · ·
		E 189
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address <u>here</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Florida	
	City	Zin 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00