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Office Use Only



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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Living Tree Financial 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:
Maria 6 Turk Name of Person
Living Tree Financial Group, LLC
2805 Conover Avenue
Orlando, FL 328/2 City/State and Zip Code Turk maria c. hot mail. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call.
Maria 6 Turk at 1407, 748-023 6 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & S60.00 Filing Fee. Certified Copy (continuated 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
2651 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Living Tree Fina		
(<u>Name of the Lipiter' Lie bility (</u> (A Florida Lii	Company wit now appe <u>nssion our</u> mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Conference L13000163105	ipany were filed on <mark>Novemb</mark>	per 21, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the identities	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		araşı-
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent New Registered Office Address:	ss here:	
	Enter Florida stree	l address
		, Florida
	City	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Title** Name <u>Address</u> Ezra Enriquez 614 Renaissance Point, #103, Alternonte Springs, FL **AMBR** Richard Turk **Æ** Remove 2805 Conover Avenue, Orlando, FL □ Add ☐ Remove _□ Remove

fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e date this document is filed by the Florida Department of State) ated January 11 2014 Signature of a member or with circular present to two of a member Maria G. Turk, MRG
Maria 5 Tuh Signatura of a man bar or with crized representative of a mamber

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Filing Fee: \$25.00