L13000 163 105

	(Requestor's Name)	
	(Address)	
	(Address)	<u></u>
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	

Office Use Only



400341214714

62,723,720--0,015--013 **25.00

00 :1 :2 :2 :1:00

R. WHITE MAR 19 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Living Tree Financeal 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 Tule Name of Person
Living True Financial Group, LUC. Firm/Company
618 E. South Street - Sinte 500 Address
Orlando, FL 3280/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria 6 Trusk at (407) 748-0236 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$Certificate of Status \$\Bigcup \text{Certified Copy (additional copy is enclosed)}\$\$\$\$\$\$\$\$\$Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$\$\$

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

777 7 29 FF 1:00

	_	ancial Group, LLC	tions 20	. 1· 00
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number	iability Company	were filed on11/2	21/2013	and assigned
his amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		1353 Bakersfield A		
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Deltona, 'FL 3272	5	
		618 E South Street - Suite 500 Orlando, FL 32825		
B. If amending the registered agent and/or i	registered office :	address on our recor	ds, enter the nam	e of the new regist
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	Maria G. Turk	(
New Registered Office Address:	1353 Bakersfi	eld Avenue		
		Enter Florida s	treet address	
	Deltona		Florida _ ³²	.725
		Cin		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>	Address	Type of Action
AMBR	Wave Robinson	6102 Medford Drive	Add
		Orlando, FL 32808	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

				-	
				P-9.4-	
	-				
					
	12.0				
					
					_
					_
					_
***					_
				 -	
•	74 E/- L				
Tective date, if other than the donestive date is listed, the date must be the life the date inserted in this block cument's effective date on the Dep	k does not meet the app	licable statutory fili	oc20 (or more than 90 days along requirements.)	otional) ler filing.) Pursuant to t this date will not be l	605,020 listed a
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m.	, on the earlier of:	(b) The 90th day a	fter the
	2022				
February 19 ted	2020	·			
February 19	Nanca 6 ignature of a member or au	Tunh thorized representativ	'e of a member		

Filing Fee: \$25.00