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JAN 3 1 2014

COVER LETTER

TO:

Registration Section Division of Corporations

FINANCIAL UNBIASED COACH LLC

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:

AMAR SAWHNEY

Name of Person

UNBIASED INVESTMENT EDUCATION

Firm/Company

13325 SW 83 CT

Address

MIAMI,FL ,33156

City/State and Zip Code

asawhneyy@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMAR SAWHNEY

_{.,/}305 \282-9245

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$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

FINANCIAL UNBISED COACH LLC

(Name of the Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/14/2014 and assigned Florida document number L14000007020 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: UNBIASED INVESTMENT EDUCATION LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _□ Add ☐ Remove _____ Add ____ Remove ☐ Add □ Remové – ☐ Remove □ Add

☐ Remove

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Filing Fee: \$25.00

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