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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

Blackford Financial Group of CA, 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:

Bruce Singer

Name of Person

Blackford Financial Group of CA, LLC

Firm/Company

10 Inlet Cay Drive

Address

Ocean Ridge, FL 33435

City/State and Zip Code

manglade@clacorp.com

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

For further information concerning this matter, please call:

L. Mikki Anglade

_{.,,}770 _,552-9840

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

Blackford Financial Group of CA, LLC (Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000100878</u> .	were filed on June 24, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10 Inlet Cay Drive	
(Principal office address MUST BE A STREET ADDRESS)	Ocean Ridge, FL 33435	
Enter new mailing address, if applicable:	10 Inlet Cay Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Ocean Ridge, FL 33435	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ater the name of the new
registered agent and/or the new registered office address ner	<u>c</u> .	₹
Name of New Registered Agent:		1
New Registered Office Address:		NOV RETI
	Enter Florida street address	NRY NRY
	, Florid	a Cip Code
New Registered Agent's Signature, if changing Registered Agent:	·	O: 53
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and I provided for in Chapter 605, F.S.	r ag ree to comply with the am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>Address</u> **Type of Action Title** Name 6301 North Ocean Boulevard Charles E. Johnson MGR Ocean Ridge, FL 33435 Remove Bruce Singer 10 Inlet Cay Drive MGR Ocean Ridge, FL 33435 CREMOVE ☐ Remove ☐ Remove

). If an	nending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
,	Contract Con	
(The et	ctive date, if other than the date of filing fective date must be specific, cannot be prior to dat late this document is filed by the Florida Departmen	te of receipt or filed date and cannot be more than 90 days after
Date	_d September 9	2014
	Signature of a n	nember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STAF