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SECRETARY OF STATE ALLAHASSEE, FEORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

🚌 Blackford Financial Group of AZ, 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 AZ, 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 AZ, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000101321</u> .		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	ility Company," the designation "LLC" or the	e 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 here	- 0	r the name of the new
Name of New Registered Agent:		14 NOV
New Registered Office Address:	Enter Florida street address	N 25 HASSE
	, Florida _	
New Registered Agent's Signature, if changing Registered Agent:	•): 28 ORIC

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 Address** 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 ☐ Remove _□ Remove

If amending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.,
, , ,	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) t be more than 90 days after
September 9 , 2014	
Signature of a member or authorized representative	ve of a member
Bruce Singer	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATIONAL TALUAHASSEF, FI ORIG