## L14000162594

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ECRETARY OF STALE

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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Black	kford Financial	Group of FL, LL	C
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bruce Singe	r	
		Name of Person	
	Blackford Fir	nancial Group of	FL, LLC
		Firm/Company	
	10 Inlet Cay	Drive	
		Address	
	Ocean Ridg	e, FL 33435	
-	<del>-                                    </del>	City/State and Zip Code	
	manglade@claco	orp.com to be used for future annual report notif	Tootion)
For forther information		·	Cations
	concerning this matter, please ca		0.40
L. Mikki An	<u> </u>	$\frac{1}{1000}$ 352-9	
Name	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	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 FL, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000102594</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	pility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "L.L.C." 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			
	TAL SE		
Name of New Registered Agent:	CAR TO		
New Registered Office Address:	2		
	Enter Florida street address		
	City Florida To Zip Cate		
New Registered Agent's Signature, if changing Registered Agent:	#5 N		
	> 15 met in this connection I fourthern a sound to comply with		

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 Address Title Name 6301 North Ocean Boulevard Charles E. Johnson MGR Ocean Ridge, FL 33435 Remove **Bruce Singer** 10 Inlet Cay Drive MGR **■** Add Ocean Ridge, FL 33435 ☐ Remove □ Add 25 APRO: 28 move □ Add ☐ Remove

* . , · ·		
Effective date, if other than the date of f The effective date must be specific, cannot be prior the date this document is filed by the Florida Depar	iling:	(optional) not be more than 90 days after
Dated September 9	2014	
<u> </u>		
Signature	of a member or authorized represents	ative of a member
Bruce Singer		

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIO