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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

BODIN FINANCIAL GROUP, 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: Amory Bodin Name of Person Firm/Company 4632 SW 10 Street Address Miami, FL 33134 City/State and Zip Code abodin@bodinco.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amory Bodin Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **■** \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BODIN FINANCIAL GROUP, LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com-	npany were filed on 03/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Bodin Capital Management, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u>.                                   </u>	
Principal office address MUST BE A STREET ADDRES	<u>(22</u>	
		2020
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	·	
		<del></del>
3. If amending the registered agent and/or registered of	ffice address on our records, enter the	بب name of the new regist
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·	. 9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	City	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 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
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this belocument's effective date on the E	ist be specific and cannot be pri- clock does not meet the appl	or to date of filing or more th icable statutory filing req	an 90 days after filing.) Pursuan	
record specifies a delayed effective	ve date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90th da	ay after the
d is filed.	2020			
d is filed.  Dated June 12	, 2020	·		
d is filed.  Dated June 12	36 die Signature of a member or aut	thorized representative of a	nambor	_