15000054712

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section Division of Corporations

| | · | C (existing/to be former name) | | | |
|--------------------------------|---|---|--|--|--|
| , <u></u> | Name of Lim | ited Liability Company | | | |
| he enclosed Articles of | Amendment and fee(s) are sub | emitted for filing. | | | |
| lease return all correspondent | ondence concerning this matter | to the following: | | | |
| | Elizabeth (Beth) Courtney | | | | |
| | | Name of Person | | | |
| | Financial Cornerstone Gro | up, LLC (new name) | | | |
| | | Firm/Company | | | |
| | 190 McIver Lane | | | | |
| | Address | | | | |
| | Rockledge, Fl. 32955 | | | | |
| | | City/State and Zip Code | | | |
| | beth@yourfcg.com | | | | |
| | E-mail address: (| to be used for future annual report notifica- | ation) | | |
| For further information of | concerning this matter, please c | all: | | | |
| Beth Courtney | | 321 735-4994 at () | | | |
| Name o | of Person | Area Code Daytime T | elephone Number | | |
| Enclosed is a check for t | he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Courtney & Braswell Financial Group, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ne Articles of Organization for this Limited Liability Company were filed on 03/27/2015 and assigned lorida document number _____15000054712 his amendment is submitted to amend the following: .. If amending name, enter the new name of the limited liability company here: inancial Cornerstone Group, LLC he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 190 McIver Lane Inter new principal offices address, if applicable: Rockledge, FL 32955 Principal office address MUST BE A STREET ADDRESS) 190 McIver Lane Enter new mailing address, if applicable: Rockledge, FL 32955 (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: (no change - Elizabeth Courtney) Name of New Registered Agent: 190 McIver Lane New Registered Office Address: Enter Florida street address

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.

City

Rockledge

Address (hange only)
If Changing Registered Agent. Signature of New Registered Agent

Florida 32955
Zip Code

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

| <u>tle</u> | <u>Name</u> | Address | Type of Action |
|------------|--------------------|-----------------------------------|-------------------------|
| GR | Clinton R Braswell | (former) 4185 US Hwy 1, Suite 101 | 🗆 Add |
| | | Rockledge, FL 32955 | Remove |
| | | REMOVE | □ Change |
| | | | □Add |
| | | | Remove SECRETALLARIO |
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| PO I | Box 361534, Melbourne, FL 32936 (or if a physical address is required, please use the 190 McIver L | ane |
|--------------------|--|---------------------------------------|
| addr | ess above) | |
| | | |
| —— | te continue to associate this LLC with our DBA/Fictitious Name: Financial Cornerstone Group | |
| If yo | u have questions and are unable to reach me at the number above, please call my cell at 321.848.347 | |
| Thar | k you! | 2019 DEC |
| | | EC 93 |
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| tTectiv : If th | late, if other than the date of filing: 12/18/2019 (optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure le date inserted in this block does not meet the applicable statutory filing requirements, this date will seffective date on the Department of State's records. | |
| iled. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t | h day after |
| | December 18 2019 Clizcheth Guthy Signature of a number or authorized representative of a member | |
| i | | |
| i | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00