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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: ,        |   |  |                                  | •                                   |  |
|--------------|---|--|----------------------------------|-------------------------------------|--|
| CLIDI        | ECT.  | Financial Ec   | lucation Group LLC               | •                                   |  |
| SUBJ         | ECI:  |  | Name of Limi                     | ited Liability Company              |  |
| The e        | nclosed   | d Articles of A  | Amendment and fee(s) are sub-    | mitted for filing.                  |  |
| Please       | e return  | all correspon  | ndence concerning this matter    | to the following:                   |  |
|              |   |  | Joan Suarez                      |                                     |  |
|              |   | Financial Education Group LLC  Financial Education Group LLC  Amen of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Joan Suarez  Name of Person  Bonus Associates LLC  Firm/Company  3640 Northwoods Dr.  Address  Kissimmee, Florida 34746  City/State and Zip Code  febrejoan@gmail.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  22  Name of Person  Name of Person  Daytime Telephone Number |                                  |                                     |  |
|              | Division of Corporations  Financial Education Group LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Joan Suarez  Name of Person  Bonus Associates LLC  Firm/Company  3640 Northwoods Dr.  Address  Kissimmee. Florida 34746  City/State and Zip Code  febrejoan@gmail.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  oan Suarez  Name of Person  Area Code  Daytime Telephone Number  Inclosed is a check for the following amount:  \$\frac{1}{2}\$\$ \$25.00 Filling Fee \( \begin{center} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |                                  |                                     |  |
|              |   |  |                                  |                                     |  |
|              |   |  | 3640 Northwoods Dr.              |                                     |  |
|              |   |  |                                  | Address                             |  |
|              |   |  | Kissimmee, Florida 34746         |                                     |  |
|              |   |  |                                  | City/State and Zip Code             |  |
|              |   |  |                                  |                                     |  |
|              |   |  | E-mail address: (                | to be used for future annual report | notification)                          |
| For fu       | ırther 11   | nformation co  | oncerning this matter, please ca | all:                                |  |
| Joan !       | Suarez  |  |                                  |                                     |  |
|              |   | Name of  | Person                           | Area Code Da                        | ytime Telephone Number                 |
| Enclo        | sed is a  | a check for th   | e following amount:              |                                     |  |
| <b>=</b> \$2 | 25.00 F   | Filing Fee   |                                  | Certified Copy                      | Certificate of Status & Certified Copy |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

| Financial Education Group, LLC  |   |                       |
|---|---|-----------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company) |                       |
| The Articles of Organization for this Limited Liability Company Florida document number L16000050253                  | were filed on December 04, 2017                             | 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:   |                       |
| Bonus Associates LLC  |   |                       |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the                 | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                       |
| Principal office address MUST BE A STREET ADDRESS)  | 3640 Northwoods Dr.   |                       |
|   | Kissimmee, Florida 34746                                    |                       |
|   |   |                       |
| Enter new mailing address, if applicable:   |   |                       |
| Mailing address MAY BE A POST OFFICE BOX)   | 3640 Northwoods Dr.   |                       |
|   | Kissimmee, Florida 34746                                    |                       |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |   | r the name of the     |
|   |   |                       |
| Name of New Registered Agent:   |   | 60                    |
| New Registered Office Address:  | , A16-  | A                     |
|   | Enter Florida street address                                |                       |
|   | , Florida   | (4)                   |
|   | 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 Changing Registered Agent, Signature of New Registered Agent

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>       | <u>Address</u>                | Type of Action |
|--------------|-------------------|-------------------------------|----------------|
| MGR          | Martha Luz Suarez | 120 N. Federal Hwy. Suite 202 | □ Add          |
|              |                   | Lake Worth, Florida 33460     | ■ Remove       |
|              |                   |                               | Change         |
|              |                   |                               | □ Add          |
|              | ·                 |                               | □ Remove       |
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| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier file 90th day after the record is filed.  |                                     |                         |   |                         |  |                                |
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| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  | te: If the date inserted in this bl | ock does not meet the a | prior to date or ming o<br>policable statutory fi | ling requirements, this | date will no                             | an to 605.020<br>at be listed: |
| The 90th day after the record is filed.  2017  |                                     |                         |   | g redantement, and      | <b></b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | T OF TIMES                     |
| The 90th day after the record is filed.  December 04 2017  |                                     |                         |   |                         |  |                                |
| The 90th day after the record is filed.  2017  |                                     |                         |   |                         |  |                                |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00