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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231 : (561)650-0471 : (561)650-5300 Fax Number

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JONES FOSTER

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## 18 SEP 19 PM 6: 39

PLANGRADER, LLC (Name of the Limited Liability Company as it now upnears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 25, 2016 \_\_\_\_\_ and assigned Florida document number L16000080302 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PLAN INVESTMENT EVALUATOR, LLC The 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX) 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: Name of New Registered Agent: New Registered Office Address: Emer Florida street address \_, Florida \_\_\_

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

## 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

Page 1 of 3

or remove	d from our records:	to manage, enter the title, name, an	d address of each person being adde
MGR = 1 AMBR =	Manager Authorized Member		
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	(N)	Signature of	a member or autho	rized representative of	ı meinber		
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