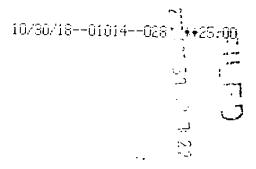
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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•	_ (COVER LETTER		
TO: Registration Son Division of Co-		•		
G3 BUSIN	JESS & COMMERCIAL BRO	KERSTIC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	BRIAN R. GOVONI			
		Name of Person		
	GOVONI & COMPANY, INC	C.		43
		Firm/Company		1
	6039 CYPRESS GARDEN:	S BLVD SUITE 143		. 0
	WINTER HAVEN, FLORIDA	Address A 33884		ا لاي
			<u>. </u>	*** *** ***
	BRIAN@GOVONIGROUP.C	City/State and Zip Code		
	E-mail address: ()	to be used for future annual report notifi	cation)	
For further information	concerning this matter, please ca	ill:		
BRIAN R. GOVONI		863 551-1300 at ()		
Name o	of Person	Area Code Daytime	Telephone 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)	Certified C	of Status &
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURII Registration Section Division of Corpora	1	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability C	Company were filed on 08/09/2016	and assigned
Florida document number L16000148821	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
G3 BROKERS LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	, 1
Enter new mailing address, if applicable:		رر
Mailing address MAY BE A POST OFFICE BOX)		- 53
3. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		enter the name of the
New Registered Office Address:	Enter Florida street address	_
	, Flor	rida
	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 **Type of Action** Address <u>Title</u> **Name** _□ Add ☐ Remove _ Change □ Add _□ Remove <u>∵2</u>□ Change <u>-</u>□ Add ''<u>"</u> _□ Remove _☐ Change _□ Add ☐ Remove _ Change _□ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change

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tive date, if other than flective date is listed, the date If the date inserted in the ment's effective date on the	must be specific a is block does no	and cannot be pri t meet the appl	or to date of filin icable statutor	g or more than 90 d y filing requireme	_ (optional) ays after filing. nts. this date) Pursuant to will not be	o 605 Histo
ecord specifies a dela e 90th day after the			ot an effect	tive time, at 1	2:01 a.m.	on the e	arlie
10/25		2018	·				
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				ntative of a member			

Page 3 of 3

Filing Fee: \$25.00