# 116000/96455

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
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| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | ocument Number)   |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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## **COVER LETTER**

| Division of Corp                       | orations                        |  |  |
|--|---------------------------------|--|--|
|  |                                 |  |  |
| SUBJECT: [[ ] F                        | FINANCIAL LLC  Name of Limi     | <u> </u>   |  |
|  | Name of Limi                    | ited Liability Company                             |  |
|  |                                 |  |  |
| TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10.4                            |  |  |
| The enclosed Articles of A             | mendment and fee(s) are sub-    | mitted for filing.                                 |  |
| Please return all correspon            | dence concerning this matter    | to the following:                                  |  |
|  |                                 |  |  |
|  |                                 |  |  |
|  | DWEN COOK                       | Name of Person                                     | <del> </del>                                 |
|  |                                 | Name of Person                                     |  |
|  |                                 |  |  |
|  | IIII FINANC                     | Firm/Company                                       |  |
|  |                                 | rim/Company  |  |
|  | zana ecth                       | CT C ACT DC  |  |
|  | 3201 31                         | ST S APT 125<br>Address                            |  |
|  |                                 | ridatess   |  |
|  | LIVEDOT E                       | 22707  |  |
|  | BULL FORT, 1C                   | 33707<br>City/State and Zip Code                   |  |
|  | auto na alemba da               |  |  |
|  | E-mail address: (t              | gmail.com obe used for future annual report notifi | ication)                                     |
| Dan Carda da Carda                     |                                 |  | ,  |
| For further information cor            | ncerning this matter, please ca | HI:  | •  |
| 014(5)                                 |                                 | 10   |  |
| Nome of                                | Daman                           | at (248) 444 - 47<br>Area Code Daytime             | 744  |
| Name of                                | reison                          | Area Code Daytime                                  | Telephone Number                             |
|  |                                 |  |  |
| Enclosed is a check for the            |                                 |  |  |
| \$25.00 Filing Fee                     | □ \$30.00 Filing Fee &          | □ \$55.00 Filing Fee &                             | □ \$60.00 Filing Fee.                        |
|  | Certificate of Status           | Certified Copy                                     | Certificate of Status &                      |
|  |                                 | (additional copy is enclosed)                      | Certified Copy (additional copy is enclosed) |
|  |                                 |  | (  |

### MAILING ADDRESS:

TO:

**Registration Section** 

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

| IIII FINANCIAL LLC  |                                      |                              |  |
|---|--------------------------------------|------------------------------|--|
| (Name of the Limited Liability Compan<br>(A Florida Limited Li  | y as it now appears on our records.) | <u> </u>                     |  |
| ·   | , , ,                                |                              |  |
| The Articles of Organization for this Limited Liability Company v   | were filed on 10/24/201              | and assigned                 |  |
| Florida document number 800 291580478.  | , ,                                  |                              |  |
| This amendment is submitted to amend the following:   |                                      |                              |  |
| A. If amending name, enter the new name of the limited liabil   | lity company here:                   | TI I                         |  |
| III STRATEGIES LLC  |                                      | 見で                           |  |
| The new name must be distinguishable and contain the words "Limited Liability   | ty Company," the designation "LLC" o | or the abbreviation "L.L.G." |  |
| Enter new principal offices address, if applicable:   |                                      | 2 7                          |  |
| (Principal office address MUST BE A STREET ADDRESS)   |                                      |                              |  |
|   |                                      | 2                            |  |
|   |                                      |                              |  |
| Enter new mailing address, if applicable:   |                                      | ·                            |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                      |                              |  |
|   |                                      |                              |  |
|   |                                      |                              |  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: | ice 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:  |                                      |                              |  |
|   | Enter Florida street address         | <del></del>                  |  |
|   | , Florida                            |                              |  |
|   | 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

| MGR = M $AMBR = A$                      | anager<br>uthorized Member |         |                             |
|---|----------------------------|---------|-----------------------------|
| <u>Title</u>                            | <u>Name</u>                | Address | Type of Action              |
|   | <del></del>                |         | Add                         |
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| · D. II am              | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |           |                     |
|-------------------------|--|-----------|---------------------|
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|                         | JI VISION CF   | DEC -     | Page 1              |
|                         | 5:   | _α        | is<br>Section       |
|                         |  | PH 2:     |                     |
|                         |  | <u>:-</u> | THE PERSON NAMED IN |
|                         |  | -         |                     |
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|                         |  | -         |                     |
|                         |  | _         |                     |
| (If an e<br><u>Note</u> | tive date, if other than the date of filing:   |           |                     |
|                         | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli<br>e 90th day after the record is filed. | er of:    |                     |
| Dated                   | November 30 , 2016.  |           |                     |
|                         | Signature of a member or authorized representative of a member   |           |                     |
|                         | Dure Cook  |           |                     |
|                         | Typed or printed name of signee  |           |                     |

Page 3 of 3

Filing Fee: \$25.00