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SECRETARY OF STATE ALLARASSEE, FLORID;

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT: <u>BENN</u>	ETT & PAYA Name of Lim	DE PINANCIAL AD (ited Liability Company	uisors LLC
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	LINDA	J. BENNETT Name of Person	
		Name of Person	
		Firm/Company	<del> </del>
	303 EAST (	NAIN STREET Address	<u> </u>
	TAVARES,	FL 32778  City/State and Zip Code  ett @ cumpf.com o be used for future abrillal report notific	
	linda. J. benne E-mail address: (1	ett @ ampf.com o be used for luture annual report notific	cation)
For further information con-			
Lincla Ber Name of Po	nett erson	at (352) 742 Area Code Daytime	- 3331 Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Fiting 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENNETT & PAYNE FINANCIAL ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on **November 10, 2016** and assigned Florida document number **L16000206589**.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the	<u>ne limited liability co</u>	ompany here:					
BENNETT, PAYNE & AS: The new name must be distinguishable and contain the work	SOCIATES ds "Limited Liability Con	LLC npany," the designation	n "LLC" or the	abbrevia	ntion "L.	L.C."	-
Enter new principal offices address, if applicab							-
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>			SECRETARY O	17 MAR   7 M	TO STATE OF THE ST	- - -
B. If amending the registered agent and/or registered agent and/or the new registered offic		ddress on our re	ecords, <u>ent</u>	Esthe NOA	mahe ယ်း	of the	new
Name of New Registered Agent:	SARAH PA	YNE			<u></u> ,-		_
New Registered Office Address:	1112 LAKE	Etsle DR Enter Florida street	address			<del></del>	-
	TAVARES		, Florida	FC Zi	p Code	3277	8

## 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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00