

12/13/2017 13:10 Dan Hicks

Division of Corporations

(FAX) 352 624 6721

P0017005

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L17000175095

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DANIEL HICKS, P.A.
Account Number : 075061303325
Phone : (352) 351-3353
Fax Number : (352) 351-8054

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: weclose2@danielhickspa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRI-SQUARE 100, LLC

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: TRI-SQUARE 100, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Hicks, Esquire

Name of Person

Daniel Hicks, P.A.

Firm/Company

421 S. Pine Avenue

Address

Ocala, Florida 34471

City/State and Zip Code

weclose2@danielhickspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Hicks, Esquire

352

351-3353

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee☐ \$30.00 Filing 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRI-SQUARE 100, 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 August 16, 2017 and assigned
Florida document number L17000175095.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FLA FIN GRP, 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:

2760 SF 17th Street, Suite 500

(Principal office address MUST BE A STREET ADDRESS)

Ocala, Florida 34471

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Daniel Hicks, P.A.

New Registered Office Address:

421 S. Pine Avenue

Enter Florida street address

Ocala


Florida 34471

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

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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>	<u>Type of Action</u>
MGR	Maria T. Pick	PO Box 413	<input type="checkbox"/> Add
		Candler, FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 13, 2017

Typed or printed name of signee