To: 18506176383 From: 12143052508

Date: 03/05/18 Time: 10:33 PM Page: 01/05

3/5/2016



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Division of Corporations

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: (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone

: (844)386-0178

Fax Number

: (214)317-4754

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

Email Address:

ra@legalinc.com

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To: 18506176383 From: 12143052508 Date: 03/05/18 Time: 10:33 PM Page: 03/05 (((H180000730023)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CLARK ADVISORY GROUP, LLC | t No. | |
|--|--|---------------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records.) nited Liability Company) | |
| The Articles of Organization for this Limited Liability Com | pany were filed on 12/29/2017 | and assigned |
| Florida document number L17000261693 | | |
| This amendment is submitted to amend the following: | | · · · · · · · · · · · · · · · · · · · |
| A. If amending name, enter the new name of the limited | liability company here: | 6 |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or | the appreviation "Lac." |
| Enter new principal offices address, if applicable: | | 6 19 |
| (Principal office address MUST BE A STREET ADDRES | | 100 J |
| | 1. | ORDER OF |
| Enter new mailing address, if applicable: | | 9 0 5 |
| (Mailing address MAY BE A POST OFFICE BOX) | No. of the last of | |
| | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | iter the name of the |
| Name of New Registered Agent: | | _ |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | • | emp wow |

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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ġį: Date: 03/05/18 Time: 10:33 PM Page: 04/05

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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> | Address | Type of Action |
|--------------|-----------------|--|----------------|
| MGR | NICOLE N CLARK | 7415 SPRING SUMMIT ROAD | |
| - | | SPRINGFIELD, VA 22150 | ■ Remove |
| | | | □ Change |
| MGR | KAITLYN G CLARK | 7415 SPRING SUMMIT ROAD | |
| | | SPRINGFIELD, VA 22150 | ■ Remove |
| | | | Change |
| MGR | EVAN T.R. CLARK | 7415 SPRING SUMMIT ROAD | |
| | | SPRINGFIELD, VA 22150 | Remove |
| | | | Charge |
| | | | SSEE O DANG |
| | | U. L. Harris Har | P. Remove |
| | | - <u>j.</u> | □ Change |
| | | | |
| | | · | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| To: 18506176383 From | | Date: 03/05 | | | (((H18000073 | 002 |
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| f amending any other information | on, enter change(s) | here: (Attach | additional she | ets, if necess | ary.) | |
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| ffective date, if other than the da an effective date is listed, the date must b | ite of filing: | | | (options | ut) | |
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| Kent A. D. Clark | | | | | | |
| | Typed or | printed name of si | gnee | | | |

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