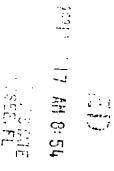
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(Re	questor's Name)			
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Certified Copies	Certificates of Status			
Special Instructions to	Firing Officer			
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Office Use Only



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COVER LETTER

	f Corporations Sentinel, PLLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Brooklyn McGlamory
	Name of Person
	F & I Sentinel
	Firm/Company
	300 S Duval Street Ste 410
	Address
	Tallahassee, FL 32301
	City/State and Zip Code
	brooklyn@fandisentinel.com E-mail address: (to be used for future annual report notification)
For further informat	tion concerning this matter, please call:
Brooklyn McGlamo	ame of Person Area Code Daytime Telephone Number
IN:	ame of Person Area Code Dayume Telephone Number
Enclosed is a check	for the following amount:
□ \$25.00 Filing F	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

F & 1 Sentinel, PLLC (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 $\frac{01/25/2018}{1}$ and assigned Florida document number L18000021419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: F & I Sentinel, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

. Florida _

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 Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			Add
			Remove
			Change
			Add
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to an I.I.C.				
				
				
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ctive date, if other than the e effective date is listed, the date must	late of filing:	- 1 - 25K	(optional)	
e: If the date inserted in this blo	ck does not meet the applica	able statutory filing requ	irements, this date will no	t be lister
ument's effective date on the De-	parlment of State's records			
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Page 3 of 3

Filing Fee: \$25.00