118000107366

(Re	questor's Name)	
———(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		V

Office Use Only



200319216362

10/15/18--01013--003 **25.00



M. MILLIGAN OCT 2 0 2018

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Trospectue Financial Service Gruphice Name of Limited Liability Company
The en	iclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Bubbie Sera
	Name of Person Firm/Company Name of Person Firm/Company
	Hill takuit latheren Dine Unillus Address
	Wr8hn F2 33326 City/State and Zip Code
	E-mail address: (to be used for future annual report potification)
For fur	ther information concerning this matter, please call:
B	Name of Person at (A) S8-1221 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
Q \$2	5.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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

29

(Name of the Limited I	<u>Liability Compan</u> Florida Limited Li	<u>y as it now app</u> ability Compan	y)	
The Articles of Organization for this Limited Liabi	<u>>6</u> .	vere filed on	4/3/18	and assigned
This amendment is submitted to amend the following	ng:			farn a.
A. If amending name, enter the new name of th	<u>e limited liabil</u>	ity company	here:	
The new name must be distinguishable and contain the word	s "Limited Liabilit	y Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		441	19/11/10 DAY	Uniffes
(Principal office address MUST BE A STREET ADDRESS)		<u>Wesh</u>	n FL 3336	- 33326
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		L/41 WShr	laluvius Drig fl 3063	Vait 103
B. If amending the registered agent and/or registered agent and/or the new registered office	• •		on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		nbhie	<u> Jera</u>	
New Registered Office Address:	4/4/1 /4	Allivit J Enter 1	Day Unit	103
-	Weshin	City		33326 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

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
iNg/	Bubbie Sec	Wesher Fr 33326	(c) to real
-		Weshn F2 33326	□ Remove
	•		Change
Mg	Patroli Hourd Minar	13286 NW Sh 87 Pholahy FL 33385	
		pholahy IL 33785	☐ Kemove
			Change
		·	□ Remove
			Change
			D Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change

				7.1.1.1		
				 		
			· · · · · · · · · · · · · · · · · · ·			
						
		<u></u>				
						
			·	,		
		ng:	te of filing or more than	(optional) 20 days after filing.) Purs	suant to 605	0207
Note: If the date inserted	in this block does not	meet the applicable s	statutory filing require	ements, this date will	not be list	ed as i
Note: If the date inserted document's effective date be record specifies a	in this block does not on the Department of delayed effective	meet the applicable s State's records. date, but not an	statutory filing require	ements, this date will	not be list	ed as
Note: If the date inserted document's effective date the record specifies a The 90th day after	in this block does not on the Department of delayed effective the record is filed	meet the applicable s State's records. date, but not an	statutory filing require	ements, this date will	not be liste	ed as
Note: If the date inserted document's effective date ne record specifies a The 90th day after	in this block does not on the Department of delayed effective the record is filed	meet the applicable state's records. date, but not an	effective time, a	ements, this date will	not be liste	ed as
Effective date, if other to an effective date is listed, the Note: If the date inserted document's effective date are record specifies a The 90th day after Dated	in this block does not on the Department of delayed effective the record is filed	meet the applicable state's records. date, but not an	statutory filing require	ements, this date will	not be liste	ed as

Page 3 of 3

Filing Fee: \$25.00