## 118000107845

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## **COVER LETTER**

	LIFFANSWEI	RS FINANCIAL GROU	IP.		
SUBJECT:		ited Liability Company	<u>·</u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Cesar A. Mourino			
		Name of Person			
	LIFEANSV	VERS FINANCIAL GR	OUP		
		Firm/Company			
		2201 Briana Dr.			
		Address			
	Br	andon, Florida 33511			
		City/State and Zip Code			
	Cr	mourino1@gmail.com	ification)		
For further information c			,		
		Area Code Daytin			
Enclosed is a check for the S25.00 Filing Fee	he following amount:   \$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		
Registr Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LifeAnswers Fi	nancial Group LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp.	any were filed on	April 30, 2018	and assigned
Florida document numberL18000107845			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		<b>56</b> ∑y
			SIO.
			72 PA
Enter new mailing address, if applicable:			7 X X X
(Mailing address MAY BE A POST OFFICE BOX)			78.00° S.T.
			<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter	the name of the
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
-	Enter Flor	ida street address	
		Florida	
	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

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>	Type of Action
MGR	Cesar A. Mourino	2201 Briana Dr. Brandon, FL 3351	Add
			Remove
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
		·	□ Change
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this date will not be	listed a
1 a.m. on the ea	arlier o
	ptional) fler filing.) Pursuant to this date will not be  1 a.m. on the ea

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00