

L18 000 119648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

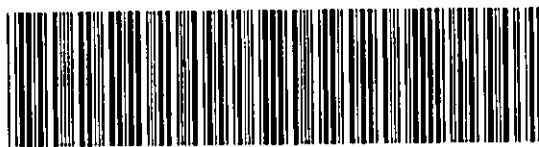
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/20--01005--013 **25.00

FILED
2020 FEB 18 PM 3:44
ALBRITTON

Amend
Name Chg

MAR 11 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSTITUTE OF FINANCIAL ENRICHMENT 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:

CHARLES OLIVER
Name of Person

Firm/Company

250 INTERNATIONAL PARKWAY SUITE 146
Address

LAKE MARY, FL 32746
City/State and Zip Code

oliver@gldmm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEANNA OLIVER at (407) 310-3354
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INSTITUTE OF FINANCIAL ENRICHMENT 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 5/09/18 and assigned
Florida document number L18000118648

This amendment is submitted to amend the following: **IMPORTANT!**
CO. NAME, WE REMOVED IT IN ERROR - SORRY WE NEED TO ADD "THE" BACK IN THE
A. If amending name, enter the new name of the limited liability company here:

THE INSTITUTE OF FINANCIAL ENRICHMENT 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:

(Principal office address MUST BE A STREET ADDRESS)

250 INTERNATIONAL PARKWAY
SUITE 146
LAKE MARY, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 INTERNATIONAL PARKWAY
SUITE 146
LAKE MARY, FL 32746

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:

250 INTERNATIONAL PARKWAY SUITE 146

Enter Florida street address

LAKE MARY, Florida 32746

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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2018 MAY 17 PM 3:41

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	LEANNA OLIVER	467 HAMPTONCREST CIRCLE	<input type="checkbox"/> Add
		#301	<input checked="" type="checkbox"/> Remove
		LAKE MARY, FL 32746	<input type="checkbox"/> Change
AMBR	CHARLES OLIVER	250 INTERNATIONAL PKWY	AMBR
	* UPDATE ADDRESS PLEASE →	# 146	<input type="checkbox"/> Remove
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2/10

2020

Signature of a member or authorized representative of a member

CHARLES D. OLIVER

Typed or printed name of signee