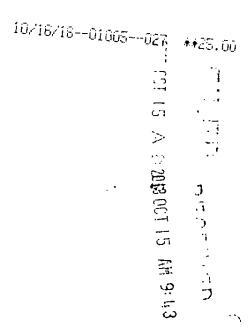
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| | ation Section 1 of Corporations | |
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| | FROCK FINANCIAL, LLC | |
| object. | Name of Limited Liability Company | |
| The enclosed Arti | icles of Amendment and fee(s) are submitted for filing. | |
| Please return all c | correspondence concerning this matter to the following: | |
| | Steven Lockhart | |
| | Name of Person | |
| | FINFROCK FINANCIAL, LLC | |
| | Firm/Company | |
| | 2400 Apopka Blvd. | ; |
| | Address | |
| | Apopka, FL 32703 | -1 |
| | City/State and Zip Code | > |
| | SLockhart@Finfrock.com | .? — |
| | E-mail address: (to be used for future annual report notification) | <i>ਦ</i> 1 |
| For further inform | nation concerning this matter, please call: | |
| Steven Lockhart | 407 293-4000 at () | |
| | Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a chec | ck for the following amount: | |
| ■ \$25.00 Filing | Gree ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed) | of Status & |

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

FINFROCK FINANCIAL, 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 $\frac{6/15/18}{2}$ and assigned Florida document number L18000148505 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

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 | Finfrock Holdings, Inc. | 2400 Apopka Blvd. | |
| | | A 1 PL 22702 | Add |
| | | Apopka, FL 32703 | _ □ Remove |
| | | · · · · · · · · · · · · · · · · · · · | LI Remove |
| | | | ☐ Change |
| MGR | Robert D. Finfrock | 2400 Apopka Blvd. | |
| | | | |
| | | Apopka, FL 32703 | E1 5 |
| | | | ■ Remove |
| | | | ☐ Change |
| MCD | Allen R. Finfrock | 2400 Apopka Blvd. | <u> </u> |
| MGR | | | Add |
| | | Apopka, FL 32703 | |
| | | | Remove |
| | | | Change |
| | William A. Finfrock | 2400 Apopka Blvd. | C) |
| MGR | | | |
| | | Apopka, FL 32703 | |
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| ted October 12 | | |
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| record specifies a delayed effective date, but not an effective tir he 90th day after the record is filed. | ne, at 12:01 a.m. on the ear | lier of |
| te: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records. | | |
| ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be prior to date of filing or mor | (optional) e than 90 days after filing) Pursuant to 6 | 05.0207 |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00