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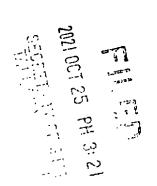
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C1:	Name of Lim	nited Liability Company	
losed Articles of	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Mary Ligon Name of Person Firm/Company 8272 SE Double Tree Dr. Address City/State and Zip Code Hobe Sound Florida 33455 E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Name of Person at (
eturn all correspo	ndence concerning this matter	to the following:	
	Mary Ligon		
	Financial Group International LLC Financial Group International LLC Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Mary Ligon Name of Person Name of Person Firm/Company 8272 SE Double Tree Dr. Address City/State and Zip Code Hobe Sound Florida 33455 E-mail address: (to be used for future annual report notification) information concerning this matter, please call: on Sance of Person Name of Person Name of Person Name of Person See Certificate of Status Certified Copy (additional copy is enclosed) Certificat Of Status Street Address: (egistration Section Division of Corporations		
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	Financial GCT: Financial GCT: Flosed Articles of return all correspond to a check for the company of the comp	Name of Lim Plosed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter Mary Ligon Bary Ligon Hobe Sound Florida 33455 E-mail address: (ther information concerning this matter, please eligon Name of Person d is a check for the following amount: 5.00 Filing Fee \$\sum \$30.00 Filing Fee & Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations Financial Group International LLC CT: Name of Limited Liability Company Name of Limited Liability Company Plosed Articles of Amendment and fee(s) are submitted for filting. Hary Ligon Name of Person Name of Person Firm/Company 8272 SE Double Tree Dr. Address City/State and Zip Code Hobe Sound Florida 33455 E-mail address: (to be used for future annual report not her information concerning this matter, please call: igon Name of Person Total Code Area Code Daytin d is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations Division of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 OCT 25 PM 3:21

Financial Group International LLC	•	SECRETURN OF BENE
Financial Group International LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records Liability Company)	<u>3 </u>
he Articles of Organization for this Limited Liability Company		
lorida document number L18000197404		
nis amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.IC."
nter new principal offices address, if applicable:	8272 SE Double Tree Dr.	
Principal office address MUST BE A STREET ADDRESS)	Hobe Sound Florida 33455	
nter new mailing address, if applicable:	8272 SE Double Tree Dr	
<u> Mailing address MAY BE A POST OFFICE BOX</u>	Hobe Sound Florida 33455	
If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter t	
		rida
	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 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>	Name	Address	Type of Action
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		10898 111Th PLN Largo FI 33778	■ Remove
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ective date, if o	other than the	date of filing	:	Adate of filing or n	option 90 days after	onal) r filing.) Pursuant to 605	0207
te: If the date in	iserted in this blo	ock does not m	ect the applical	ble statutory filin	g requirements, this	s date will not be list	ed as
nument's effectiv	re date on the De	partment of St	ate's records.				
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	May	They	<u> </u>				
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Filing Fee: \$25.00