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## **COVER LETTER**

TO: Registration Se Division of Co			
	nancial Group, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	W. Tyler Mercier		
		Name of Person	
	First Principles Financial,	LLC	21
	TACE J		
	8233 Sunlit Horizon Lane		두 등 등
		Address	
	Land O Lakes, FL 34637		2021 JUN 19 PM 1: 43 SECRETALL AND X SECRETALL
		City/State and Zip Code	<u> </u>
	tyler.mercier@mercierfina		. , ,
For further information of	n-mail address: ( concerning this matter, please c	to be used for future annual report not all:	itication)
W. Tyler Mercier		206 851-6557 at ( )	
Name of Person			ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$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)
Mailing Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

First Principles 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 10/01/2018 \_ and assigned Florida document number L18000231067 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mercier Financial Group LLC 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 , Florida \_ City

## 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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Effective date, if other than the series of the date is listed, the date in the Mote: If the date inserted in this document's effective date on the	ust be specific and cannot be pr block does not meet the app	ior to date of filing or m		nal)	nt to 605.020
e record specifies a delayed effectrd is filed.	ive date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th d	lay after the
June 14	2024				
Dated	11				
Dated	Signature of a member or au	thorized purpountation	of a member		