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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

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COVER LETTER

| TO: Registration Section Division of Corpo | | | |
|--|---|---|---|
| SUBJECT: | Simmit Name of Limi | FINANCIAL Strained Liability Company | legies LCC |
| The enclosed Articles of Ar | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | Robert A | hilling Jr Name of Person | |
| | | | |
| | | Firm/Company | |
| | 2367 Cal | terville Rd. Address | |
| | _ Tallalucs | Address Address City/State and Zip Code Dev f C N C VOLUNICAL to be used for future Jannual Jeport notifi | (, com |
| Park aboring a sign of | | | cation) |
| 1201/ex + Mame of F | ecerning this matter, please each | at (350) Area Code Daytime | - 501 8 Telephone Number |
| Enclosed is a check for the | 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 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

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| SIMMIT FINANCIAL STATES LCC HASSES (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 2/24/9 and assigned Florida document number <u>LJ90004868</u> 6 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: SUMINITED FINANCIAL STATES 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) |
| |
| 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: 7in 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 = N $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|--------------|------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| If amendi | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| Note: If the | date, if other than the date of filing: | 07 (3 as th |
| | d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the day after the record is filed. | of: |
| Dated | 3/13/19 | |
| | Signature of a member or authorized representative of a member | |
| | Robert Mullinex Ir | |

Page 3 of 3

Filing Fee: \$25.00