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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Modest Francial (*COIP IC  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:	
Veronialle Durerval Name of Person	
Modest Financial Croup. 11c	
9628 NE 279 Ave Suite 79	:
Micros State and Zip Code  Veroni Gue Goncalest Financial & Gin  E-mail address: (to be used for future annual report notification)	د.
For further information concerning this matter, please call:	
Name of Person at (305) 216-0149  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee  \$\frac{\frac{1}{2} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tus &
Mailing Address:  Registration Section  Street Address:  Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modert Financial Group 110

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number 1900057164.	ere tiled on $02-27-3019$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the name of the new registere
agon and of 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.

City

		_
If Changing Registered Agent	Signature of New Projectored 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
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			□ Remove
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sument of the off the Department of outer steedings.			
ecord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the ear	lier of: (b)	The 90th day after the
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ted 06-27-2020, 2000.			
signature of a member or authorized			