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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	СТ:	LSI ADVI	BORY GROUP L	ic •	
The end	dosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please :	eturn all correspor	ndence concerning this matter	to the following:		
		LAURE	Name of Person ADVISORY GRO Firm/Company	5 11 C	
			Firm/Company	UP FLC	
			DERDALE WEST	DRIVE	
		PLANTATION 1 arry (City/State and Zip Code O 15 100 V 150 V 100 to be used for future annual report noise	3322 (100P	
For furt	her information co	ncerning this matter, please c	all:		
	AURESCE Name of		at (<u>FSL) 505-</u> Area Code Daytime	Telephone Number	\ 3
Enclose	d is a check for the	e following amount:			3
A \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF AMENDMENT	
TO	
ARTICLES OF ORGANIZATION	
OF State of the Control of the Contr	
LSI ADVISORY GROUP LC (Name of the Limited Liability Company at it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on APRIC 8, 2017 and assigned Florida document number LOOOGBHHHH	8. C.
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 "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)	
[Mulling underess MAT BEAT OST OFFICE BOAY	
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 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 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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	LORI SAACSON	PLANTATION, FL 33722	□Add
·		PLANTATION, FL 33722	kRemove
			□Change
M6R	LAURENCE SAALSON	1621 LAUDERDALE WEST DR	X Add
·		PLANTATION, FL 37322	
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			C]Add
			□Remove
			Change
			□Add
			□Remove
			_ □Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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(If an effec <u>Note:</u> If	e date, if other than the date of filing:
the record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	JUNE 8 2020()
	Surface of a member of authorized representative of a member
	AAURENCE S JALCGOV Typed or printed number of signice

Filing Fee: \$25.00