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COVER LETTER

	tion Section of Corporations	
SUBJECT: CO	DRE FINANCIAL GROUP, LLC	
30D2C1	Name of Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please return all co	orrespondence concerning this matter to the following:	,
	Kiara R. Nernandez Gornalez Name of Person	!
	KAREA CONSULTING INC	
	Firm/Company	•
	17011 FL-50 Suite 303	
	Address	
	Clermont FL 34711	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Kiam R	Hernández Genzález at (352.) 432 - 8844 Name of Person Area Code Daytime Telephone Number	
•	Manue of Person Aca Code Dayting Person Funder	
Enclosed is a chec	ck for the following amount:	
☐ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Registra Division P.O. Bo	Address: ation Section Registration Section Division of Corporations ox 6327 The Centre of Tallahassee assee, FL 32314 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORE FINANCIAL GROW			
(Name of the Limited Liability Compan (A Fiorida Limited Li			
The Articles of Organization for this Limited Liability Company v Florida document number <u>L19000156363</u> .	vere filed on 06/13/2019	and assigned	
This amendment is submitted to amend the following:			
ida document number L1900015103103 s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: NIA new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or th			
NA			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NIA		
(Principal office address MUST BE A STREET ADDRESS)		200 hs 7-	
Enter new mailing address, if applicable:	NIA		
(Mailing address MAY BE A POST OFFICE BOX)			
	····	·	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the	name of the new registered	
Name of New Registered Agent:	NIA		
New Registered Office Address:	Enter Florida street address		
	, Florid	a	
	City	Zip Code	
	city	zip Coae	
New Registered Agent's Signature, If changing Registered Agent:	aiy	лр Соаг	

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Samuel Alfred	3609 Lina Lane	□Add
		Apopka, FL 32703	(Premove
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	of other than the date is listed, the date must be spe inserted in this block do tive date on the Departm	ecific and cannot ses not meet the	e applicable st	of filing or more	than 90 days aft	tional) er filing.) Pursuant nis date will not b	——- c.r. to 605.026
an effective date i lote: If the date	and on me sopuin						
an effective date in the date in the date occurrent's effect record specifies	a delayed effective date,	, but not an effe	ective time, at	12:01 a.m. on	the earlier of:	(b) The 90th da	y after the
an effective date in the date in the date ocument's effect record specifies it is filed.	•	but not an effe	ective time, at	12:01 a.m. on	the earlier of:	(b) The 90th da	y after the
an effective date in Note: If the date in Note: If the date locument's effective feet and the notes in the no	a delayed effective date,	but not an effe	12 Sw	Ber		(b) The 90th da	y after the

Filing Fee: \$25.00