## L19000208220

| (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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2021 JAN 25 PM 1: 12 SEGRETARY OF STATE

3/5/21

## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor        |                                              |                                                                     |                                                                                                     |  |  |
|-----------------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
|                                               | 850 FINANCIAL GROUP LLC                      |                                                                     |                                                                                                     |  |  |
| SUBJECT:                                      | Name of Lim                                  | ited Liability Company                                              | A                                                                                                   |  |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                 | mitted for filing.                                                  |                                                                                                     |  |  |
| Please return all correspo                    | endence concerning this matter               | to the following:                                                   |                                                                                                     |  |  |
|                                               | NADEAN C. GREGOR                             |                                                                     |                                                                                                     |  |  |
|                                               |                                              | Name of Person                                                      | <del></del>                                                                                         |  |  |
|                                               | ATLANTIC NONLAWYI                            | ER SERVICES, INC.                                                   |                                                                                                     |  |  |
|                                               | <del> </del>                                 | Firm/Company                                                        |                                                                                                     |  |  |
|                                               | 1592 N. Hwy. A1A                             |                                                                     |                                                                                                     |  |  |
|                                               |                                              | Address                                                             | <del></del>                                                                                         |  |  |
|                                               | Satellite Beach, FL 32937                    |                                                                     |                                                                                                     |  |  |
|                                               |                                              | City/State and Zip Code                                             |                                                                                                     |  |  |
|                                               | alsi@atlanticnonlawyer.com                   | to be used for future annual report no                              | wicowie wy                                                                                          |  |  |
| For further information c                     | oncerning this matter, please co             |                                                                     | uncation)                                                                                           |  |  |
| NADEAN C. GREGOR                              |                                              | 321 773-2020<br>at ()                                               |                                                                                                     |  |  |
| Name o                                        | f Person                                     | Area Code Daytii                                                    | ne Telephone Number                                                                                 |  |  |
| Enclosed is a check for the                   | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
| Mailing Address:                              |                                              | Street Address:                                                     | ection                                                                                              |  |  |
| Registration Section Division of Corporations |                                              | <del>-</del>                                                        | Registration Section Division of Corporations                                                       |  |  |
| P.O. Box 632                                  | 7                                            | The Centre of                                                       | The Centre of Tallahassee                                                                           |  |  |
| Tallahassee, l                                | FL 32314                                     | 2415 N. Monroe Street, Suite 810                                    |                                                                                                     |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAN 25 PM 4: 12

850 FINANCIAL GROUP LLC

CECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) All 1 335 C. F. (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liab<br>Florida document number L19000208220   | oility Company     | were filed on Augu              | ıst 20, 2019               | and assigned            |
|----------------------------------------------------------------------------------------------|--------------------|---------------------------------|----------------------------|-------------------------|
| Florida document number                                                                      | ·                  |                                 |                            |                         |
| This amendment is submitted to amend the follow                                              | ing:               |                                 |                            |                         |
| A. If amending name, enter the new name of t                                                 | he limited liab    | ility company here              | ··                         |                         |
|                                                                                              |                    |                                 |                            |                         |
| The new name must be distinguishable and contain the wor-                                    | ds "Limited Liabil | lity Company," the desi         | ignation "LLC" or the ab   | breviation "L.L.C."     |
| Enter new principal offices address, if applicable:                                          |                    | 115 Hickory Street, Suite 204-K |                            |                         |
| (Principal office address MUST BE A STREET ADDRESS)                                          |                    | Melbourne, FL 32904             |                            |                         |
|                                                                                              |                    |                                 |                            |                         |
|                                                                                              |                    |                                 |                            |                         |
| Enter new mailing address, if applicable:                                                    |                    |                                 |                            |                         |
| (Mailing address MAY BE A POST OFFICE BO                                                     | <u>9X)</u>         |                                 |                            |                         |
|                                                                                              |                    |                                 |                            |                         |
|                                                                                              |                    |                                 |                            |                         |
| B. If amending the registered agent and/or regagent and/or the new registered office address |                    | address on our rec              | ords, <u>enter the nam</u> | e of the new registered |
| agent and/or the new registered office address                                               | nere.              |                                 |                            |                         |
| Name of New Registered Agent:                                                                | ATLANTIC NO        | ONLAWYER SERV                   | ICES, INC.                 |                         |
| New Registered Office Address:                                                               | 1592 N. Hwy. A     | ATA                             |                            |                         |
| 1.1. Regarded Other I wanger                                                                 |                    | Enter Florid                    | a street address           |                         |
|                                                                                              | Satellite Beach    |                                 | , Florida <u>32</u> °      | 937                     |
|                                                                                              |                    | City                            | <u></u>                    | 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.

Madian C. Liegor
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                    |
|--------------|-------------|---------|-----------------------------------|
|              | N/A         |         | 🗀 Add                             |
|              |             |         | □Remove                           |
|              |             |         | □Change                           |
|              | <u> </u>    |         | □Add                              |
|              |             |         | □ Remove                          |
|              |             |         | Change                            |
|              |             |         |                                   |
|              |             |         | □Remove                           |
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|              |             |         |                                   |
|              |             |         | Remove                            |
|              |             |         | □Change                           |

|                          | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A                                                                                                                                                                                                                                                                                |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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|                          |                                                                                                                                                                                                                                                                                                                                                                                  |
| (If an e<br><u>Note:</u> | Date of filing (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| f the record is t        | ord 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 filed.                                                                                                                                                                                                                                            |
| Dated                    | December 18 <sup>+H</sup> . 2020.                                                                                                                                                                                                                                                                                                                                                |
|                          | Signature of a member or aythorized representative of a member                                                                                                                                                                                                                                                                                                                   |
|                          | CONNELL SPAIN IR                                                                                                                                                                                                                                                                                                                                                                 |

Typed or printed name of signee