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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

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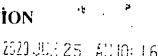
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



White Collar Insurance Group LLC (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 $\frac{12/13/2019}{12/13/2019}$ Florida document number L19000298884 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 13340 West Colonial Drive Enter new mailing address, if applicable: Suite 250 (Mailing address MAY BE A POST OFFICE BOX) Winter Garden FL 34787 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

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 = Authorized Member 2020 JL 25 AT 10: 16 Type of Action Address Title Name 14156 CREEKBED CIRCLE TRAWINSKI, NICHOLAS **AMBR** □ Add WINTER GARDEN, FL 34787 ☑ Remove ☐ Change 14156 CREEKBED CIRCLE TRAWINSKI, SARAH **AMBR** □ Add WINTER GARDEN, FL 34787 ☑ Remove ☐ Change 13340 West Colonial Drive Suite 250 AMBR Trawinski Financial Group, LLC 🛮 Add WINTER GARDEN, FL 34787 ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	2020 JE 125 F 10: 16
Sective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.020 able statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's records.	
and the second official data but no	et an offective time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier o
June 25 2020	
June 25 2020	
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