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Tallahassee, FL 32314

TO: Registration So Division of Cor						
ellb rezve.		TE FINANCIAL LLC				
SUBJECT:		Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		BELL, RYELLE				
		Name of Person				
		JADEITE FINANCIAL LLC				
		Firm/Company				
		300 SE 2ND STREET SUITE 600				
	 	Address				
	City/State and Zip Code					
		NFO@JADEITEFINANCIAL.COM to be used for future annual report notific				
For further information (concerning this matter, please c	·	attorij			
RYELLE BELL		954 900-6606				
Name of Person		at () Area Code Daytime 1	Telephone Number 20 7			
Enclosed is a check for t	the following amount:					
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certificate Copy tadditional copy is enclosed)			
Mailing Addre Registration Division of O P.O. Box 63:	Section Corporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JADEITE FINANCIAL LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 01/27/2020 The Articles of Organization for this Limited Liability Company were filed on _____ L20000031688 Florida document number 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." 300 SE 2ND STREET Enter new principal offices address, if applicable: SUITE 600 (Principal office address MUST BE A STREET ADDRESS) FORT LAUDERDALE, FL 33301 300 SE 2ND STREET Enter new mailing address, if applicable: SUITE 600 (Mailing address MAY BE A POST OFFICE BOX) FORT LAUDERDALE, FL 33301 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 Cuv

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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f an effective d <u>Note:</u> If the c	te, if other than the date of ate is listed, the date must be specif date inserted in this block does ffective date on the Departmen	ic and cannot be prior to d not meet the applicable	ate of filing or more than 90 statutory filing requirer	(optional) I days after filing.) Pursuant ments, this date will not	to 605.020 be listed a
	pecifies a delayed effecti day after the record is fi		n effective time, at	12:01 a.m. on the	earlier c
Dated	MARCH 9	2020			
	Signature	of a infinite or authorize	d representative of a memb	per	
	-	RYELLE B			
	<u></u>	Typed or printed na	me of signee		