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T. MATTHEWS FEB - 2 2022

COVER LETTER

TO:

	Registration Se Division of Cor						
oun inc		EXCHANGE GROUP, LLC					
SUBJEC	.1: <u></u>	Name of Lim	ited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		John M. Brunson, Esq.		_			
			Name of Person				
		John Morgan Brunson					
			Firm/Company	_			
		4250 Central Avenue					
		Address					
		St. Petersburg, FL 33711					
			City/State and Zip Code				
		jmb@jmbesquire.com					
Company of the second	in the unitation of	E-mail address; (oncerning this matter, please c	to be used for future annual report no	ittreation)			
		oncerning this matter, prease c					
John Bru	inson		727 828-0580 at ()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed	f is a check for th	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. Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address Registration 5		Street Address: Registration S	ection			
	Division of C	Corporations	Division of Co	orporations			
	P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810			
	Tallahassee.	にし フェントナ	2410 IV. MOH	oc succi, sunc 610			

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 .11: 27 .11 9: 14

THE IVY EXCHANGE GROUP.					
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on our r Liability Company)	ecords <u>.</u>)		
The Articles of Organization for this Limited L. Florida document number L20000059236	iability Company	were filed on February 21.	2020 and assigned		
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applie	cable:	9293 Bay Pines Boulevar	d		
(Principal office address MUST BE A STREET ADDR		St. Petersburg, FL 33703			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9293 Bay Pines Boulevan	d		
		St. Petersburg, FL 33703			

B. If amending the registered agent and/or agent and/or the new registered office addre	***	address on our records, <u>e</u>	nter the name of the new register		
Name of New Registered Agent:	John M. Brunson, Esq.				
New Registered Office Address:	4250 Central A				
		Enter Florida street o	uddress		
	St. Petersburg		_, Florida <u>33711</u>		
		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.

inging 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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ffective date, if other an effective date is listed ote: If the date insert ocument's effective de						(optional) ys after filing.) its. this date w	Pursuant to 605.02 ill not be listed
ecord specifies a dela is filed.	yed effective date, h	ut not an ef	lective time	e. at 12:01 a.m	on the earlier	of: (b) The	90th day after th
ited		202	!2				
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Filing Fee: \$25.00