## L200000 94046

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT N	/AIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

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**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Co	rporations		
	inancial Strategies	•	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
·	J	S	
	Marcus Moon		
		Name of Person	
	Increase Financial Strategi	ies LLC.	
		Firm/Company	<del></del>
	16331 SW 31st Street		
		Address	
	Miramar/Florida 33027		
		City/State and Zip Code	<del></del>
	increasefinancialliteracy@g		
		to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Marcus Moon		205 249-7167 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	nain.
Registration Division of 0		Registration Se Division of Cor	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Increase Financial Strategies LLC.		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 3/31/2020	and assigned
Florida document number L20000094046	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
NC Financial Strategies LLC.		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviations L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	(元) <u></u> — — —
		<u> </u>
Enter new mailing address, if applicable:		10: 5 <u>(</u>
Mailing address MAY BE A POST OFFICE BOX)		7
	·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address , Flori	ida Zip Code

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 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
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		<del></del>	□Change
			Dadd
			□Remove
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			□Add
			Remove
		_	□Change
			□Add
			Remove
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te: If the date inserted in this	he date of filing:  must be specific and cannot be prior to date of block does not meet the applicable statu Department of State's records.		ng.) Pursuant to 605,020
ecord specifies a delayed effects filed.	tive date, but not an effective time, at 12	t:01 a.m. on the earlier of: (b)	The 90th day after the
May 6th	2020		
	1	-	
m	hu	<b>_</b>	

Filing Fee: \$25.00