## h20000121459

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## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns			
eun u	DRC CONSULTIN				
SUBJE	CT:	Name of Limi	ted Liability Company		<del>.</del>
The end	closed Articles of Amendr	nent and fee(s) are sub-	mitted for filing.		
Please	eturn all correspondence	concerning this matter (	to the following:		
	DAV	VN CAREY			
			Name of Person		
			Firm/Company		<del></del>
	333	COLONY BEVD SU			
	THE	VILLAGES, FLORIE	Address DA 32162		
	DAN	IELLE@MAXSONTA E-mail address: (1	City/State and Zip Coo X.COM o be used for future annu		tion)
For fur	her information concerning	g this matter, please ca	11:		
DANIE	ELLE ELLIOTT		352 :	399-0842	
	Name of Person		Area Code	Daytime Te	elephone Number
Enclose	ed is a check for the follow	ring amount:			
		0.00 Filing Fee & Pertificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323		Regis Divis The C 2415	Address: stration Section from of Corpo Tentre of Tall N. Monroe S hassee, FL 32	rations ahassee treet. Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRC CONSULTING GROUP LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were fited on 05/01/2020	and assigned
Florida document number L20000121958		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
NTEGRATED FINANCIAL MANAGEMENT LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abi	oreviation "L.L.C."
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter the name	e of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street address	
	, Florida	
	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 complexith 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□ Remove
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			□Remove
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		· <del></del>	□Remove
	-		□ Add
			□Remove
			⊒Change

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ective date, if other than the d	10/27/2021		(optional)	
effective date is listed, the date must b	oe specific and cannot be prior	to date of filing or more th	an 90 days after filing.) Pursuan	t to 605,0207
te: If the date inserted in this bloc nument's effective date on the Dep	ex does not meet the applic partment of State's records.	able statutory filing req	uirements, this date witt not	oe fisieu as
cord specifies a delayed effective	date, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90th da	ay after the
s filed.				
, OCTOBER 27	2021			
ed		—· /		
J Fill	m- Can	. /		
S	ignature of a member or auth	orized representative of a	member	<del></del>
		( )		

Filing Fee: \$25.00