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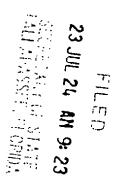
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PICK-UP	☐ WAIT ☐ MAIL
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Special Instructions to F	nling Officer:
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	J. HORNE
	AUG 1 8 2023
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Office Use Only



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## COVER LETTER

TO: Registration So bivision of Co				
	AL MANAGEMENT SYSTEM			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling		
Please return all correspondence	ondence concerning this matter	to the following:		
	LIZ WHITTER			
		Name of Person		
		Firm/Company	<i></i>	
	814 N GLENWOOD AVE			
	CLEARWATER, FL. 337:	Address 55		
For further information of	LIZWHITTER@OUTLOO  E-mail address: (	City/State and Zip Code K.COM to be used for future annual	report notifica	
LIZ WHITTER			1-8287	
Name o	of Person	at () Area Code	Daytime T	elephone Number
Enclosed is a check for t	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(2) \$55,00 Filing Fee of Certified Copy (additional gopy is con-		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section Corporations	Divisio	ation Secti n of Corpe	prations
P.O. Box 632	<u> 2</u> 7	The Ce	ntre of Tal	lahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FINANCIAL MANAGMENT SYSTEM LLC

( <u>Name of the Limited Liability Com</u> (À Florida Limite	i <mark>pany as it now appears on o</mark> ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on	and any great
Florida document number £20000166994		<b>2 2</b> 0
This amendment is submitted to amend the following:		9.
A. If amending name, enter the new name of the limited li	ability company here:	
FINANCIAL MANAGÉMENT SYSTEM LLC 1		•
The new name must be distinguishable and contain the words. Limited Lie	ibility Company," the	ann later on the domestings at
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida stre	zet address
		, Florida
, <del>,</del> ,,,	City	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my dis s provided for in Chapto	uties, and I am familiar with and er 605, F.S. Or, if this document is
IFC	hanging Registered Agent, Si	gnature 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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			□Remove
		<del></del>	Change
			ClAdd
			□Remove
		<del></del>	□Change
<del></del>			□Add
			□Remove
			□Change
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			El Remove
			□Change
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			□Remove
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			□Remove

TO:							
FINANCIAL MANAGEMENT	SYSTEM LL	 C		 ''	- 17	Was	missen
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fective date, if other than the da in effective date is listed, the date must be	te of filing: _ specific and car	anot be prior	r to date of f	iling or more	than 90	<u>(optiona</u> days after filin	l) g.) Pursuant to 605.02
ote: If the date inserted in this block becument's effective date on the Department.	does not mee	t the applic	cable statut	ory filing r	equiren	ents, this dat	e will not be listed
reducing a circuity date on the 15cpa	man or state	. s records	·-				
record specifies a delayed effective de	ite, but not an	effective t	ime, at 12:	01 a.m. on	the earl	ier of: (b) = T	The 90th day after th
is filed.						, , , , , ,	ine som any anter a
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Filing Fee: \$25.00