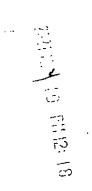
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(City/s	State/Zip/Phon	e #)
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(Docu	ıment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	



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Office Use Only

11.01-7

COVER LETTER

SUBJECT: TM FTNANCTAL GROWS, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
KELLY TANELUS Name of Person	
J.M. FINANCIAL GRUNP, LLL Firm/Company	
5321 NU 8474 AVE	
LAUDENHILL, FL 3) 351 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARSHA TANGLUS at (454) 254-922 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &

Registration Section
Division of Corporations
P.O. Box 6327

Mailing Address:

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IM FINANCIAL GROUP	446	 :
(Name of the Limited Liability Compa (A Florida Limited)	ny a <u>s it now appears on our records.</u>) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>120001167534</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	,	and assigned
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	7860 W COMMERCE	7L BLUD
(Principal office address MUST BE A STREET ADDRESS)	SULTE 200 #593 LANDERHYLL, FL 33	351
Enter new mailing address, if applicable:		· · · ·
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	Pi 12:
	, Florida	Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TM FTOIAN STAL

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
AMBA	OKELLY TANELUS	5321 NU 84th AVE	□Add
		LANDERHILL, FL 3335	□Remove
			D'Change
MKR	MARSHA TANELLUS	5371 NW 84th AVE	□Add
		LAUDERHILL, FL 33351	□Remove
			Change
			□Add
			□Remove
			□Change
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an effective lote: If the	ate, if other than the date is listed, the date me date inserted in this le effective date on the	iust be specific a block does not	and cannot be prior t meet the appl	or to date of filing o icable statutory fi	more than 90 days a ling requirements,	ptional) after filing.) Pursuant to 60 this date will not be li	05.0207 sted as
	rifies a delayed effect	ive date, but n	ot an effective	time, at 12:01 a.r	n. on the earlier of	(b) The 90th day aff	er the
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record spedd is filed. Pated _ D	eifies a delayed effecti PRTL, 297 12917021- 128.	Signature of	., 2021 elly <i>J</i> a member or aut	horized representat	ive of a member	·····	