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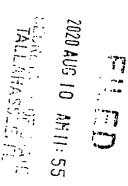
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COVER LETTER

то:	Registration Sec Division of Corp		
ATIB TE		RCIA FINANCIAL GROUP LLC	
SUBJE	CI:	Name of Limited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspo	ondence concerning this matter to the following:	
		ANDY GARCIA MARTINEZ	
		Name of Person	
		GARCIA FINANCIAL GROUP LLC	
		Firm/Company	
		8073 WE 36TH AVE UNIT 2	
		Address So >	<u>.</u>
		HIALEAH, FL 33018 City/State and Zip Code	
		andygm040996@gmail.com	الروب المرادي
		E-mail address: (to be used for future annual report notification)	. 11
For furt	her information co	E-mail address: (to be used for future annual report notification)	
ANDY	GARCIA MART		
	Name of	of Person Area Code Daytime Telephone Number	
Enclose	d is a check for th	he following amount:	
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed)	f Status & py

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327 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

GARCIA FINANCIAL GROUP LLC

OARCIA FINANCIAL GROOF LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number <u>L20000199501</u> .	were filed on 07/10/2020 a	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	8073 W 36TH AVE UNIT 2	
Principal office address MUST BE A STREET ADDRESS)	HIALEAH, FL 33018	
	2020 Sel- TA	
Enter new mailing address, if applicable:	8073 W 36TH AVE UNIT 2 10	
Mailing address MAY BE A POST OFFICE BOX)	HIALEAH, FL 33018	. 77
	1 55 1 55	<u> </u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of t</u>	he new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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 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 i 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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			2020						
a is fried.									

ANDY GARCIA MARTINEZ