LZO 000 207630

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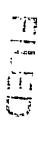
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Registration Section Division of Corporations

	ances Redesigned, LLC		
, <u> </u>	Name of Lim	ited Liability Company	
inclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
e return all correspo	ondence concerning this matter	to the following:	
	Cyndia Rivera		
		Name of Person	
	Family Finances Redesign	ed, LLC	
		Firm/Company	
	436 Trade Wind Drive		
	 \\	Address	
	Minneola FL 34715		
		City/State and Zip Code	
	cyndia@familyfinancesrede	-	
	E-mail address: (to be used for future annual report notif	ication)
urther information of	concerning this matter, please co	all:	
lia Rivera		321 430-4225 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
sed is a check for t	he following amount:		
325.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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

TO ARTICLES OF ORGANIZATION OF

Family Finances Redesigned, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on $\frac{\text{July }17,2020}{\text{L}}$ da document number L20000207630 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." r new principal offices address, if applicable: icipal office address MUST BE A STREET ADDRESS) PO Box 1414 r new mailing address, if applicable: Minneola FL 34755 ling address MAY BE A POST OFFICE BOX) famending the registered agent and/or registered office address on our records, enter the name of the new registered t and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is z filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>Name</u>	<u>Address</u>	Type of Actio
Cyndia Rivera	436 Trade Wind Drive	□Add
	Minneola FL 34715	□Remove
		Change
		□Add
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		□Add
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ive date, if other than the cective date is listed, the date must If the date inserted in this block	late of filing: be specific and ca	unnot be prior to c	date of filing or me	(option of the contract of the	onal) filing.) Pursuant to 605 date will not be list	5.0207 acd as
ent's effective date on the Dep	partment of Stat	le's records.		,		
d specifies a delayed effective ed.	date, but not an	i effective time	, at 12:01 a.m. c	n the earlier of: (b) The 90th day afte	r the
October 4		2020				
$\langle \cdot \rangle$, , ,	> .				
	Signature of a mer	mber or authorize	ed representative	of a member		