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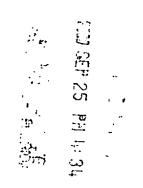
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COVER LETTER

Division of Co.	epocations			
LIN Assoc SEBJECT:	riates LEC			
	Name of Lin	nied Liability Commany	-	
The enclosed Articles of	Amendment and feets) are suf-	omitted for filing		
	ondence concerning this matter			
	Annmaric Allman			
		Name of Person		
	EIN ASSOCIATES LLC			
		Firm/Company		
	10685 - B HazelHursi Dr			
		Address		
	Houston, TX, 77043			
	cianassociatestle(agmail.co	City/State and Zip Code		
	•	to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please of	utt:		
Annmarie Allman		754 216-6687 art ()		
Name o	r Person	Area Code Daytina	Telephone Number	
Enclosed is a check for it	ne following amount.			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	22 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is criclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section		
P.O. Box 6327		Division of Corporations		

Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIN ASSOCIATES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida | inited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 25, 2020 Florida document number 1,200000263099 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new rame must be distinguishable and contain the words "Liquid Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 350 SW Fountainview, Blvd. (Principal office address MUST BE A STREET ADDRESS) Port St Lucie FL 34986 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida suret 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 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 affice 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

____ . Florida ___

is 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>l'itle</u>	Name	Address	Type of Action
MGR	Mark Jones	1770 SW SS Ave	l ve.i
		LanderHill, Ft. 33351	
A a bank a		······································	•
MGRM	Annmarie Allman	850 SW Fountainview	Siv! Tladd
		Port St Lucie	(L.Reniove
		Florida, 34986	= Change
			CAdd
			□Remove
			DChange
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ffective date, if other than an offective date is listed, the date	the date of filing:	prior to date of filing o	option (option)	ial) line (Pursuant to 605-020)
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1100	Signature of a member or	Butharized represents	tive of a member	
	<u> </u>		and the second section and	
Mark Jones				
	Typed or	printed name of signs	<u> </u>	

Filing Fee: \$25.00