L20000314038

(Red	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	; #)
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(Bus	siness Entity Nan	ne)
(Do	cument Number)	
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A. RIVERS
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COVER LETTER

TO:

	istration Session of Cor			
SUBJECT:	Name Chan	ge of LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Jorge Soriano		
			Name of Person	
		Financial Optimist LLC		
			Firm/Company	
		155 16th Ave NE, Suite A		
			Address	
		Saint Petersburg, FL 3370	4	
		-	City/State and Zip Code	
		jorge@financialoptimist.com		
		E-mail address: ()	to be used for future annual report notification	on)
For further in	formation co	oncerning this matter, please ca	all:	
Jorge Sorian	o		813 369-2391 at ()	
	Name of	f Person		ephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address: Registration Section	n
Div	ision of C	orporations	Division of Corpora	ations
). Box 632		The Centre of Talla	
Tal	lahassee, F	1L 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FINANCIAL PLANNING FOR GOOD LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000314038}{L20000314038}$.	were filed on 10/05/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
FINANCIAL OPTIMIST LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	the abbreviation "L.L.C."
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 office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:	11/2	PM 2: 9
New Registered Office Address:	Enter Florida street address Florid City	a Zip Code

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 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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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			☐Change

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tive date, if other than	, the date of fill	01/03/2022		(
ffective date is listed, the dat	e must be specific ar	id cannot be prior t			filing.) Pursuant to 605.0
If the date inserted in the ment's effective date on t			ble statutory filin	g requirements, this	date will not be lister
ord specifies a delayed eff	ective date, but no	ot an effective tir	ne, at 12:01 a.m. o	on the earlier of: (b) The 90th day after
filed.					
DECEMBER 22ND		2021			
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