L20000331899

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CHRIFCT	LEGACY	CONSULTANTS AGENCY I.	LC	•			
SOBJECT		Name of Lim	ited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		Edmund Milford					
			Name of Person				
		Milford Consulting LLC					
			Firm/Company				
		4327 S. Hwy 27, Suite 419)		,		
			Address				
		Clermont, FL			· - ·- :::		
			City/State and Zip Code		• •		
		ed.milford@milfordtaxanda	_				
			to be used for future annual re	eport notification)			
For further	information c	oncerning this matter, please c	all:				
Joacine Ra			941 448- at ()	-0971 Daytime Telephone Number			
	Name o	f Person	Area Code	Daytime Telephone Number			
Enclosed is	a check for th	ne following amount:					
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		ig Fee, of Status &		

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY CONSULTANTS AGENCY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number _____L20000331899 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JRG Financial Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 9300 Conrov Windermere Road Ste 1163 (Principal office address MUST BE A STREET ADDRESS) Windermere, FL 34786 Enter new mailing address, if applicable: 9300 Conroy Windermere Road Ste 1163 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Windermere, FL 34786

Name of New Registered Agent:	Milford Consulting LLC		
New Registered Office Address:	4327 S. HWY 27, Suite 419	•	
	En	ter Florida street address	
	Clermont	. Florida ³⁴⁷¹¹	
	City	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 Changing Registered Agent, Signature of New Registered Agent

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
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			□ Change
			□Add
			□ Remove
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ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block occument's effective date on the Department.	does not m	neet the appl	licable statu	filing or more story filing r	than 90 days equirements	optional) after filing.) , this date	Pursuant to 605.0; will not be listed
record specifies a delayed effective d is filed.	ate, but not	an effective	time, at 12	:01 a.m. on	the earlier o	f: (b) The	: 90th day after tl
ated April 27	,	2021					
	,)			
	1:00		المراجعة				

Filing Fee: \$25.00