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21 K1Y 20 PM 3: 5

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ternion Favor Group, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rupolph N. Rolle Name of Person
Ternion Favor Group LLC Firm/Company
2973 Etowah RK Blvd.
Tavares F 32778 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

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

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF 21 HAY 20 PM 3:51 Ternion favor Group LLC (Name of the Limited Liability Company as it new appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	AKI	ICLES OF AMENDME	N1	
Ternion Favor Group LC		TO		
Ternion Favor Group LC	ARTI	CLES OF ORGANIZAT	ION	- FF 1
Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on		OF	21 MAY 20 P	१ 3: ५।
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The Articles of Organization for this Limited Liability Company were filed on	/ernion	tavor Group	222	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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 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: 2973 Edoual Jek Blad. Enter Florida street address Tavares Tavares Tavares Florida 32778 Zip Code	(Name of the Limite	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)	
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address:				
New Registered Office Address: 2973 Etouah Pt Blvd. Enter Florida street address Tavares, Florida 32778 City Zip Code			cords, enter the name o	of the new register
New Registered Office Address: 2973 Etouah Pt Blvd. Enter Florida street address Tavares, Florida 32778 City Zip Code	Name of New Registered Agent:	Rusolph V.	Relle	
New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	2973 Etowah Enter Flori	PK Blvd.	
City Zip Code New Registered Agent's Signature, if changing Registered Agent:		Tavares	, Florida <i>_3</i>	2778
New Registered Agent's Signature, if changing Registered Agent:		City		Zip Code
	New Registered Agent's Signature, if changing R	egistered 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

21 MAY 20 PH 3: 51

<u>Title</u>		<u>Name</u>	Address	Type of Action
18/Amis	12	Jena Woodyard	2928 SE 29th St	□Add
			Ocala Fl, 34471	Temove
				□Change
Il/ Amg	2	Emounte Banks	1033 NW Ltb Street	□Add
·			Ft. Lauderdale, Fl. 344	71 Remove
				□Change
m61	2	Celebritys Management	2631 58 584 Ave Orala, Florida 34480	XAdd
		W. W.	Ocala, Florida 34480	🗆 Remove
				□Change
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Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
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	and if any delever of fraction data has not any offered as in a 12.01 and any the angles of the The Ook day of or the
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	1
Dated _	3/18 2021
	Tudalph 1. Holle
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00