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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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eFinancialSolutionsLLC		a ·
Name of Lin	nited Liability Company	<u>.</u>
of Amendment and fee(s) are su	bmitted for filing	
Anitra S Murphy		
	Name of Person	
Affluence Financial Solut	ions LLC	
	Firm/Company	
14333 Beach Blvd Suite #	33 PMB 198	
	Address	
Jacksonville, Fl 32250		
affluonous colutions (il musil	City/State and Zip Code	
		otification)
	·	
	904 717-6550	
of Person	Area Code Dayt	ime Telephone Number
he following amount:		
☐ \$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
<u>ss:</u>	Street Address:	
Section	Registration S	
orporations 27		
	PinancialSolutionsLEC Name of Lin Name of Lin of Amendment and fee(s) are surpondence concerning this matter Anitra S Murphy Affluence Financial Solut 14333 Beach Blvd Suite # Jacksonville, Fl 32250 affluencessolutions@gmail E-mail address: (concerning this matter, please concerning this matter concern	Primarcial Solutions LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. Condence concerning this matter to the following: Anitra S Murphy Name of Person Affluence Financial Solutions LLC Firm/Company 14333 Beach Blvd Suite # 33 PMB 198 Address Jacksonville, Fl 32250 City/State and Zip Code affluencessolutions@gmail.com E-mail address: (to be used for future annual report in concerning this matter, please call: of Person at (

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APPLUENCE FINANCIAL SERVICES LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/01/2021	and assigned
Florida document number L21000152699		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Affluence's Solutions LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	14333 Beach Blvd. Suite 33 PMB 198	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville , FL 32250	
Enter new mailing address, if applicable:	14333 Beach Blvd Suite 33 PMB 198	
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville , Fl 32250	
3. If amending the registered agent and/or registered office a	address on our records, enter the nam	्र e of the new registero
gent and/or the new registered office address here:		:
Name of Nam Davinson 4.4		<u>, </u>
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	<u> </u>
	Florida	

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.

City

Zip Code

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
			□ Add
		□Remove	
		□Change	
		□Add	
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Note:	ve date, if other than the date of filing:
ne record ord 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.
Dated_	May 27 . 2021.
	Signature of a mymber or authorized representative of a member
	anition S minder