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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	-
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SECRETARY OF STATE

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A BUTLER

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT LONG.	Shot Financi	ial LLC	
SUBJECT:	Shot Financ Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Park	er Long Name of Person	
	Long	Shot Fina	ncial LLC
		Firm/Company	
	1902 N	lerritt Park Address	DY
	· · · · · · · · · · · · · · · · · · ·	Address	
	orlan	do FL 32	803
		City/State and Zip Code	
	Parker E-mail address: (rlongd @gma	report notification)
For further information con	cerning this matter, please ca	all.	
0		o 11	055 0407
Parker Name of P	Long	at (<u>404</u>)	955 - 0497 Daytime Telephone Number
Tions of t	C.Jon	7 3030	variante referencia rannoci
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Divisio The Ce	ddress: ation Section on of Corporations entre of Tallahassee 1. Monroe Street, Suite 810
- III MININGS OF LA	•		issee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

_	3030 550
Long Shot Fir	lancial LLC 2022 FEB -3 PM 1:09
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company) TALLAHASSEE, FI
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000 3 48836</u>	were filed on $08/03/2021$ 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:
Longevity Cap	ital LLC
Longevity Cap The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or 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, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
<u>AMBR</u>	Parker Long	1902 Merritt Park Dr	□Add
		Orlando, FL 32803	□Remove
			\C Change
			🗀 Add
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ective dat If the da	e is listed, the d te inserted in	ate must be specific this block does n	and cannot be p of meet the app	rior to date of til plicable statute			ing.) Pursuant to 60 ate will not be lis
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-	es a delayed e	ffective date, but	not an effectiv	e time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day after
led.							
Ja	nyary	21 ^{s+}	202	2			
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Filing Fee: \$25.00