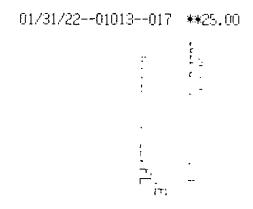
121000519186

(Red	questor's Name)	_
(Add	dress)	
,	•	
·		
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	■ WAIT	MAIL
<u>—</u>		
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Cortified Conjec	Cortificator	of Status
Certified Copies	Certificates	o or Status
Special Instructions to	 Filing Officer:	
·	•	
•		





900380485279



A. BUTLER FEB - 8 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ancient Oak Financial Manyement, LC 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:
Jeffry Savar
Jethry Saucy PA
1721 SE 162 Ave Ste 101
O(ala FL 34471
City/State and Zip Code Saucy (a) Saucy (aw · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 402-0300 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S35.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANCIENT OAK FINANCIAL MANAGEMENT, I	LLC	ا'ا ماليوم. بي	1
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears d Liability Company)	s on our records.)	
the Articles of Organization for this Limited Liability Compart lorida document number <u>L21000519186</u> .	ny were filed on De	cember 8, 2021	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	ibility company he	<u>re</u> :	
PAUL DANIEL, LLC			
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
THE PROPERTY OF THE PROPERTY O			
	<u> </u>		
nter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE BOX)			
			
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our re	cords, enter the name	of the new regist
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florie	da street address	
		, Florida	
·	Cirv		Zin 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		*	
		****	□Remove
			□Change
			□ Add
			Remove
			□Change
			\(\sigma\) Add
			□Remove
			□Change
			□ Add
			□ Remove
			□ Change
		-	Remove
			Change
			
			Remove
			□ Change

		 _								
_	-7-1		_ <u>_</u>							
										
								-		
_				·			1111 -			
			·					····		
_	 .						_			
_			<u> </u>			<u></u>				
		_								
_							_		 -	
										_
			<u> </u>	<u> </u>		_				
			<u></u> .							<u> </u>
										
	<u>.</u>					 	_			
										
f an effecti <u>Note:</u> If (tive date is lis the date ins	sted, the date serted in thi	the date of must be specif is block does be Departmen	fic and cannot not meet the	e applicable	late of filing o	or more than 9	(optio 00 days after to ements, this	ilino) Purena	nt to 605.0207 (be listed as t
	pecifies a d	elayed effe	ctive date, bu	it not an effe	ective time,	, at 12:01 a.	m. on the ea	rlier of: (b)	The 90th o	lay after the
e record s _i d is filed.		٠.		2021)					
u is illeu.	nuary	19			- 					
Dated				, <u></u> _	<u>. </u>					
Dated		19 I dani		of a member	<u>. </u>	:d represental	tive of a men	ber	,	

Filing Fee: \$25.00