122000131539

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
, , , , ,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



000385972250

04/20/22--01008--030 **25.00

ري اد مر

T. MATTHEWS

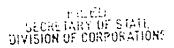
JUN - 1 2022

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: DESTINE FINANCIAL INSTITUTE LLC				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		CHRIS DESTINE		
		Name of Person		
	Firm/Company			
	1177 HYPOLUXO ROAD SUITES 106			
		Address		
	LANTANA FL 33462			
	chindrian Cympi cun	City/State and Zip Code		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)	
CHRIS DESTINE		at (781) 363 1681		
Name (of Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DESTINE FINANCIAL INSTITUTE LLC

122 APR 20 PM 1 54

(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 $\frac{03/16/2022}{2}$ _____ and assigned 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." CHRIS DESTINE Enter new principal offices address, if applicable: 1177 HYPOLUXO ROAD SULFES 106 (Principal office address MUST BE A STREET ADDRESS) LANTANA FL 33462 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: 1177 HYPOLUXO ROAD SUITES 106 New Registered Office Address: Enter Florida street address _, Florida $\frac{33462}{Zip\ Code}$ LANTANA

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.

11 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>	<u>Address</u>	Type of Action
MGR	CHRIS DESTINE	H77 HYPOLUXO ROAD SUITES 106 LANTANA FL 33462	Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
		- <u></u>	🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ <i>C</i> !

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Chris Destine is the principal owner of DESTINE FINANCIAL INSTITUTE LLC Upon registration Chris Destine was not listed as an authorized member E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated ____ Signature of a member/or authorized representative of a member CHRIS DESTINE Typed or printed name of signee