

(Re	(Requestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	ısiness Entity Nam	ne)		
(Dc	ocument Number)	 -		
Certified Copies	_ Certificates	of Status		
Special Instructions to	Eiling Officer			
Special Instructions to Filing Officer:				





07/29/22--01020--007 **30.00

COVER LETTER

TO:	Registration Sec Division of Corp		• .	
		nancial Group LLC		
SUBJE	CT:	Name of Limi	ed Liability Company	
The	Slugget Articles of	Amendment and fee(s) are subt	nitted for filing.	
		ndence concerning this matter t		
		Audrianna Williams		
			Name of Person	
			Firm/Company	
		36732 Alaqua Ct		
			Address	
		Eustis, FL32736		
City/State and Zip Code				
			ritication	
				aneadou)
For fur	ther information c	oncerning this matter, please ea	ıll:	
Audre	y Williams		407 634-3700	
	Name o	rf Person	at () Area Code Daytii	ne Telephone Number
Enclos	sed is a check for t	he following amount:		
□ \$3	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	Mailing Addre	<u>ss:</u>	Street Address;	
	Registration		Registration S Division of Co	
	Division of C	Lorporations	DIVISION OF CO	or in the second

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUL 29 AM 8: 35

The LAT Financial Group LLC

ial Group LLC

(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FI

The Articles of Organization for this Limited Liability Florida document number L22000149513		22 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	atton "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registers		ds onto the name of the name registroop	
agent and/or the new registered office address here:		us, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	reet address	
	, Florida		
	Ciţy	Zip 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
Mgr	Audrey Williams	36732 Alaqua Ct	≣ Add
		Eustis, FL 32736	_
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Remove
			□Change

. If amending any other information, enter change(s) here	г. уянася паш	umai sneets, y neets		
		<u> </u>		
	<u> </u>			
			TE S	2 022
			AS:	2022 III 29
			<i>ι</i> ν [™]	= [7
			ÇT.	ಹ 🎤
				36
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	cable statutory ii.	(option more than 90 days after ling requirements, this	onal) filing.) Pursuant to 605 date will not be list	6.0207 (3)(b ed as the
he record specifies a delayed effective date, but not an effective toord is filed.	time, at 12:01 a.r.	n, on the earlier of: (b)) The 90th day afte	r the
Dated July 26 2022 Signature of member auth	norized representat	ive of a member		
Audrey Williams	1			
	ited name of signer	:		

Filing Fee: \$25.00