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| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|--|--------------------|--|
| SUBJECT: | B FINACIAL (b) Name of Lim | ROUP, LLC ited Liability Company | | |
| The enclosed Articles of / | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspor | ndence concerning this matter | to the following: | | |
| | JANE | A. BAZAM Name of Person | | |
| | | MANCEAL GREET | 100 | |
| | J10 F1 | Firm-Company | | |
| | 1820 SW AL | EDCLM. APT | 2.308 | |
| | POOT OF LUCT | | 5 3 | |
| | PORT ST. LUCI | City/State and Zip Code | | |
| | TABAZ | AN 1224 @ EMPLI | CON | SECU SECU |
| For further information co | e-mail address: i | | rejant nouneation) | 2022 SEP -7 SECRETARY |
| JANE A. BF | HZANI | at (<u>772</u>) Area Code | 971-0239 | SAP Z |
| Name of | | Area Code | Daytime Telephone | Number CTATE |
| Enclosed is a check for the | e following amount: | | | |
| ☐ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is en | closed) (| 60.00 Filing Fee, Pertificate of Status & Pertified Copy additional copy is enclosed) |

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.TTB ETNAMCTAL GROUP ILC

| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our re | cords.) | _ |
|---|-------------------------------------|---------------------------|----------------|
| (A Florida Limite | ed Liability Company) | | |
| The Articles of Organization for this Limited Liability Compa | ny were filed on <u>APRI</u> | L 18 20.22 and | d assigned |
| Florida document number <u>L22000184059</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited li | ability company here: | | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company." the designation " | 'LLC" or the abbreviation | n "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) | | S 2 | |
| | | ₹C EC | |
| | | | |
| | | P- | errores |
| B. If amending the registered agent and/or registered offic | e address on our records, <u>er</u> | | new registered |
| agent and/or the new registered office address here: | | % | M |
| | | | 0 |
| | | ්න ස සුව් | ed Tage |
| Name of New Registered Agent: | | | |
| N 6 '- 100" All | | , | |
| New Registered Office Address: | Enter Florida street ac | | |
| | | | |
| | <u> </u> | , Florida | |
| | City | Zip C | 'ode |
| Nav. Dogistarad Agant's Signatura, if shanging Degistared Agas | nê. | | |

New Registered Agent's Signature, it 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 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> | <u>Address</u> | Type of Action |
|--------------|---------------|-----------------------------|--|
| AMBR | JANE A. BAZAN | 1900 SVV ALEDO LA APTE 2309 | <u>(</u> |
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