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TO:

TO:	Registration Sec Division of Corp			
0.11 0.1 0.1		nancial Group Llc		
SUBJE	CT:	Name of Limi	ited Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	cturn all correspo	ndence concerning this matter	to the following:	
		Roque Montero		
			Name of Person	
		Montero Financial Group l	.le	
		- · · · · · · · · · · · · · · · · · · ·	Finn/Company	
		2 9 38 Madison St #2		
			Address	
		Hollywood FL 33020		
			City/State and Zip Code	
		roquemontero@gmail.com	to be used for future annual report notif	ication)
For furtl	her information c	oncerning this matter, please ca		,
Roque i	nontero		305 610-6709 at ()	
	Name o	l'Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	ne following amount:		
\$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$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 S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Montero Financial Group Llc	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.22000196170	were filed on $04-25-22$ 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:
7 Funerals For 75 LLC	
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:	12024 SW 5TH CT
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PILES, FL 33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12024 SW 5TH CT PEMBLOKE PINES, FL 33025
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	SI 20
Name of New Registered Agent:	Enter Florida street address
New Registered Office Address:	Enter Florida street address

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.

City

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
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			□Remove
			□Add
			□Remove
			□Add
			□Remove
			
			□Remove
			□Change
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effective date is listed, the date must be specific and cannot be prior to date: If the date inserted in this block does not meet the applicable.	te of fitting of fixite than 30 days after thing.) I thiste	ant to 605.02 of be listed
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ord specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th	day after t
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