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SECRETARY OF STATE

FILED

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Reign Finar	nce Group, LLC		·
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sebastian Safaei		
		Name of Person	
	Zell Law, PLLC		
		Firm/Company	
	11718 Bowman Green, Sui	mitted for filing.  to the following:  Name of Person  Firm/Company  ite 100  Address  City/State and Zip Code  to be used for future annual report notification)  all: at (	
		Address	
		City/State and Zip Code	
	sebastian@zelllaw.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Sebastian Safaci			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
Registration S Division of C			
P.O. Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reign Finance Group, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on May 11, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del>-</del>	
		<del></del>
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		ECF TA:
		LEA TO
Name of New Registered Agent:		- 15 6 T
New Registered Office Address:		Y OF ST
	Enter Florida street address	STA STA
<del></del>	, Florida	Zip Code
	OH)	rip cone

## 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>	Name	<u>Address</u>	Type of Action
MGR	Ortsac Management, LLC	1314 E. Las Olas Blvd.	
		Fort Lauderdale, Florida 33301	\BRemove
			☐ Change
MGR	RFG Management, LLC	1314 E. Las Olas Blvd.	≣Add
		#1111	□Remove
		Fort Lauderdale, Florida 33301	Change
			□Add
			□ Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the a	pplicable statutory fi	(option r more than 90 days after fil ling requirements, this d	al) ing.) Pursuant to 605.0207 ( ate will not be listed as t
ne record specifies a delayed effect ord is filed.	ive date, but not an effect	ive time, at 12:01 a.r	m. on the earlier of: (b)	The 90th day after the
Dated August 30  Wayne M. Zell , &c.	, 2022	·		
de lacas Des	1.			