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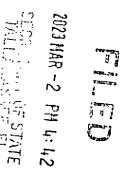
(Requestor's Name)
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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJE	ECT:	JMA FI	VANCIAL, LLC Limited Liability Company	
,		Name of	Limited Liability Company	
The en	closed Articles of	Amendment and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this ma	ntter to the following:	
		VRI	STIN ARNESEN	
			FIN FAMILY HOLDING Firm/Company	
		2728	8 NE 10 ST Address	
		FISH E-mail addr	City/State and Zip Code  DINE FL @ 6 MAIL  ess: (to be used for future annual report notification)	33062 PH Lication) PR Lication PH Lication PH Lication PH Lication PH Lication Physics
For fur	ther information o	concerning this matter, plea		2 P
i	KRISTIN Name o	ARNESEN of Person	at ( <u>973</u> ) <u>945-3</u> Area Code Daytime	3323 FS F
		he following amount:		
<b>X</b> \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Statu		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jma F=	MANCIAL, LLC			
( <u>Name of the Limited</u> (A	Liability Company as it now appears on o Florida Limited Liability Company)	our records.)		
<del>-</del>		1/19/23	and assigned	
Florida document number <u>4236×20453</u>	<u>355</u> .			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company here:			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designa	ation "LLC" or the abb	reviation "L.L.C."	_
Enter new principal offices address, if applicab	le:			
Principal office address MUST BE A STREET	ADDRESS)			_
		<del>!</del> -	<u> </u>	_
			- G	eraj
Enter new mailing address, if applicable:	-	: 		! <b>∄</b> <del></del>
Florida document number \$\(\(\frac{1}{2}\) \(\frac{1}{2}\) \(\				
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0 0 0		ds, <u>enter the na'm</u>	of the hew regis	<u>stered</u>
Name of New Registered Agent:			<u> </u>	<del></del>
New Registered Office Address:				
	Enter Florida st	reet address		
		Florida	Zip Code	
	City		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>	Name	Address	Type of Action
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		2728 NE 10 ST Pompano BEACH, FL 33062	Remove
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*		Signature	e of a member	or authorized	representativ	e of a member	7	гн	2	

Filing Fee: \$25.00