L23000114512

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COVER LETTER

TO:

TO:	Registration Sec Division of Corp			
SUBJE	cr. Fi	nancial f	contier LLC	
30031		Name of Lim	ited Liability Company	
Th	alaand Amirlaa of	Amondment and foo(s) are sub-	mitted for filling	
i ne en	closed Afficies of A	Amendment and fee(s) are sub-	milled for filling.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Jennit	Name of Person	
		Financi	CIL FVONTY LL	. <u>C</u>
		1260 Nort	hlake Blud uni	
			FL 3 2403 City/State and Zip Code	••••
		E-mail address: (wealth 00 700 G	in Cil. Com
For fur	ther information co	oncerning this matter, please ca	all:	
	FINE Name of	Person (at (SUI) 309-0 Area Code Daytime	757 Telephone Number
Enclos	ed is a check for th	e following amount:		
)ZI:\$2	5.00 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 Addres Registration S		Street Address: Registration Sec	tion
	Division of C		Division of Corp	
	P.O. Box 632		The Centre of Ta	
	Tallahassee, F	L 32314	2415 N. Monroe	: Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited L	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L23000114</u>	lity Company were filed on MCvCh 6, 2023 and assigned 512.
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(IDDRESS)
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>x</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address have a superior of New Registered Agent: New Registered Office Address:	Stered office address on our records, enter the name of the new registered lere: Tennify Rey 1260 Northare Blad unit 1055 Enter Florida street address Lalle Park, Florida 31+03 City Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as register	igent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is istered office address, I hereby confirm that the limited liability ange. 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>	Address	Type of Action
			□Add
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te: If the date inserted in the	his block does not me	eet the applicable	statutory filing rec	quirements, this d	ate will not be listed a
sument's effective date on	the Department of Sta	ate's records,			
	Fective date, but not a	n offective time	at 12:01 a.m. on th	ne earlier of: (b)	The Quth day after the
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Filing Fee: \$25.00