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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOLBERT FINANCIAL GROUP LLC

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T. LEMIEUX

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3/8/2024 12:56:24 PST , To: 18506176383 Page 2/4 Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Totbert Financial Group LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record (Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 01/09/24	and assigned
Florida document number L24000022260		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
TFG Tolbert Financial Group, LLC		
The new name must be distinguishable and contain the words "Limited Lial	nifity 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)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		203
		; C <u> </u>
		3 1
B. If amending the registered agent and/or registered office	address on our records, enter	the name of thecrew registo
agent and/or the new registered office address here:		9 ≥ □
		AH IO:
Name of New Registered Agent:		A
New Registered Office Address:		(7) O1
CONTRACTOR STATE OF THE STATE O	Enter Florida street addres	,
	Fh	orida
	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.

3/8/2024 12:56 24 PST

Tc. 18506176383

Page, 3/4

Fax: 8134365206

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
CEO/ President	Tolbert, Charles	7901 4th St N STE 300	⊠ Add
		St. Petersburg, FL 33702	□Remove
			⊕Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			∏Change
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			[□]Change
			□Add
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			□Remove
			F-3

3/8/2024 12:56 24 PST To 18506176383 Page 4/4 Fax: 8134365206 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) _ (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a defayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Dated _ March 8th

Signature of a member or anthorized representative of a member

Typed or printed name of signee

Robin Jones