M 15000007703

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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EXAMINER

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

114

Account#: I20000000088

Date: 9/21/2018	ACCOUNT#. 120000000000
Name: Merritt Walker	
Reference #:	
Entity Name: JED FINANCIAL, LLC	···
Articles of Incorporation/Authorization to Transact Bu	ısiness
✓ Amendment	ه ه د ب د ب
Change of Agent	Ges CA 110
Reinstatement	ია -:
Conversion	
☐ Merger	. 11 0
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
Authorized Amount: \$2.5	
Signature:	

@CORPORATE HQ

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State:	Financial, LLC	_
Enter new principal office address, if applicable:		_ E Ş
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		- (*)
		,
2. The Florida document number of this limited liability	y company is: M15000007703	-
Jurisdiction of its organization:	California	_
4. Date authorized to do business in Florida:		_
SECTION II (5-9 complete only the applicable char		
New name of the limited liability company: (must co	Trufi, LLC ntain "Limited Liability Company," "L.L.C.," or "LLC	<u>;;</u> ;)
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managemust contain "Limited Liability Company," "L.L.C."	the purpose of transacting business in Florida and attac ng members adopting the alternate name. The alternate or "LLC.")	h a name
6. If amending the registered agent and/or registered o registered agent and/or the new registered office addre	fficer address on our records, <u>enter the name of the new</u> ss here:	-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	_
	, Florida	
	City Zip Code	_
the provisions of all statutes relative to the proper and accept the obligations of my position as registered	nd agree to act in this capacity. I further agree to comp I complete performance of my duties, and I am familiar I agent as provided for in Chapter 605, F.S. Or, if this he registered office address, I hereby confirm that the li	with

If the amendm	ent changes person, title or capacit	ty in accordance with 605.0902 (1)(e), ind	icate that change:
le/ Capacity	<u>Name</u>	Address	Type of Action
		<u> </u>	
			Remov
			Add
			Remov
		-	Add
			Remov
			} Add
			Remove
			l Add
			Remov
aforemention	nder the law of which this outily h	ted by the official having custody of reco	rds in the

Filing Fee: \$25.00



Secretary of State Amendment to Articles of Organization of a Limited Liability Company (LLC)

LLC-2

Secretary of State State of California

SEP 1 0 2018

OP

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First page \$1.00; each attachment page \$0.50;

Certification Fee - \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the

manager(s) and/or agent for service of process, which can be filed online at biz/lile.sos.ca.gov.	C C Above Space For Office Use Only
1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)	
JED Financial, LLC	
2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number is:	sued by the California Secretary of State.)
201519510251	
New LLC Name (If Amending) (See Instructions – List the proposed LLC name exa Secretary of State.)	ctly as it is to appear on the records of the California
Trufi, LLC	
4. Management (If Amending) (Select only one box)	
The LLC will be managed by: One Manager More than One Manager	All LLC Member(s)
5. Purpose Statement (Do not alter Purpose Statement.)	
The purpose of the limited liability company is to engage in any lawful act of may be organized under the California Revised Uniform Limited Liability Comp	
6. Additional Amendment(s) set forth on attached pages, if any, are incorpo	orated herein by reference and made part of this

Form LLC-2. (All attachments should be 8% x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I certify that the information is true and correct and that I am authorized by California law to sign.

David Gonzalez Print your name here

I h tra is a ori
Ca

I hereby certify that the foregoing transcript of ______ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

SEP 1 8 2018 Km

Date:_____

ALEX PADILLA, Secretary of State