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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

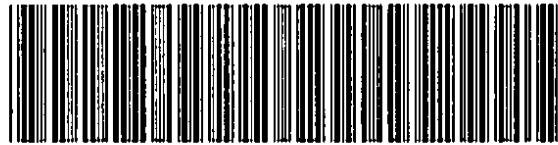
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED

2022 OCT -7 PM 12:26

SECRETARY OF STATE
MAIL ADDRESS: PM 0000

h Sans
10/17/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advisors Academy Holdings LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Pentell

Name of Person

Sound Income Group LLC

Firm/Company

1921 Boston Post Rd

Address

Westbrook CT 06498

City/State and Zip Code

spentell@advisorsacademy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Pentell

Name of Person

at (860) 339-1100

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

APPROVED
AND
FILED

2022 OCT -7 PM 12:26

Advisors Academy Holdings LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/06/2019 and assigned
Florida document number M20000000297.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sound Income Group LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

500 NW 62nd Street

Ste 250

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1921 Boston Post Rd

Ste 7

Westbrook, CT 06498

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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

[illegible]

2022 OCT - 7 PM 12: 26
SECRETARY STAFF
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/11/2022 BY 60322
UCBAW

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SECRETARY OF STATE
WASHINGTON, DC

(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)

If the record specifies a delayed 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 July 25, 2022

Signature of a member or authorized representative of the association _____

Signature of a member or authorized representative of a member

David Scranton

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "ADVISORS' ACADEMY
HOLDINGS, LLC", CHANGING ITS NAME FROM "ADVISORS' ACADEMY
HOLDINGS, LLC" TO "SOUND INCOME GROUP, LLC", FILED IN THIS
OFFICE ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2022, AT 2:56
O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

5914716 8100
SR# 20220642815

Authentication: 202745228
Date: 02-23-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: ADVISORS' ACADEMY HOLDINGS, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Company is hereby amended to: SOUND
INCOME GROUP, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 22nd day of February, A.D. 2022.

By: 

Authorized Person(s)

Name: David Scranton

Print or Type