## P13000053237

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Opinicus Financial	Group			
	BER: P13000053237				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Kimberly Burdette-Hord				
	Name of Contact Person				
	Opinicus Financial Group				
Firm/ Company					
	3014 W. Palmira Ave. Suite 203				
	Address				
	Tampa, FL 33629				
	City/ State and Zip Code				
	Billing@Opinicusinc.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Kimberly Burdette-Hord		at (			
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Opinicus Financial Group (Name of Corporation as currently filed with the Florida Dept. of State) P13000053237 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Add

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

## Example: PΤ X Change John Doe X Remove $\underline{V}$ Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Address</u> <u>Title</u> <u>Name</u> (Check One) COO Kimberly Burdette-Hord 3014 W. Palmira Ave. Suite 203 1) \_\_\_\_ Change Tampa, FL 33629 Add Remove 3014 W. Palmira Ave. Suite 203 CIO Jaran Day 2) \_\_\_\_ Change Tampa, FL 33629 Add \_\_ Remove **CSO** Griffin Dalrymple 3014 W. Palmira Ave. Suite 201 3) x Change Tampa, FL 33629 \_\_ Add \_\_ Remove 4) \_\_\_\_ Change \_\_ Add Remove 5) Change \_\_\_ Add Remove 6) \_\_\_\_\_ Change

	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
<u> </u>	
	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
	f not applicable, indicate N/A)

•

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	_
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action ar action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
9/17/2021 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Griffin Dalrymple	
(Typed or printed name of person signing)	
President / CSO	
(Title of person signing)	