LDD001231914

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

L. SELLERS

AUG - 9 2011

EXAMINER

Office Use Only



000210659820

08/05/11--01006--003 **25.00

SERVETARY OF STATE

14 AUG -5 AM 10: 13

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: FLORIDA FINANCIAL LLC Name of Limited Liability Company
	Name of Limited Liability Company
The end	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	RICHARD HAVEHWOUT Name of Person
	Name of Person
	HAUGHWOUT HOLDINGS LLC Firm/Company
	Firm/Company
	145 EAST RICH AVE, SUITE A
	Address
	DELAND FL 32724 City/State and Zin Code
	E-mail address; to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
Ric	Name of Person at (386) 736 - 0227 Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
\$25.	00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy is

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA FINANCIAL 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 $\frac{12/29/20}{29/20}$ Florida document number $\frac{L06000/23194}{29/20}$.	06 a	nd assi	gned				
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
FLORIDA WEALTH COUNSELING, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	"LLC" o	or the al	obreviation				
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)							
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:	型。	重					
New Registered Office Address:		AUG					
Enter Florida street ac	ldress	ري ا	To the Name				
, Florida, Florida	Zio	Go de					
New Registered Agent's Signature, if changing Registered Agent:	A SELECTION OF THE SELE	<u></u>					

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = I	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
<u> </u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
O. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			-
_			_
Dated&	Signature of member	er or authorized representative of a member	
	RICHARD	HAUGHWOUT d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00