

L12 0000 08612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

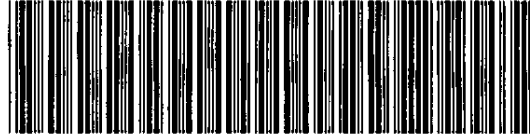
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALL RIVER, MASS. 01930  
16 JUN 14 AM 11:32

JUN 16 2016  
S. YOUNG

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

WEALTH BUILDERS PROPERTIES, 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 01/18/2012 and assigned Florida document number L12000008612.

This amendment is submitted to amend the following:

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

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)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

\_\_\_\_\_

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

| <u>Title</u> | <u>Name</u>             | <u>Address</u>                   | <u>Type of Action</u>                   |
|--------------|-------------------------|----------------------------------|---|
| MGRM         | Sarita Kristiina Acosta | 431 So. C St Lake Worth FL 33460 | <input checked="" type="checkbox"/> Add |
|              |                         |                                  | <input type="checkbox"/> Remove         |
|              |                         |                                  | <input type="checkbox"/> Change         |
| MGRM         | Christopher Joel Acosta | 431 So. C St Lake Worth FL 33460 | <input checked="" type="checkbox"/> Add |
|              |                         |                                  | <input type="checkbox"/> Remove         |
|              |                         |                                  | <input type="checkbox"/> Change         |
|              |                         |                                  | <input type="checkbox"/> Add            |
|              |                         |                                  | <input type="checkbox"/> Remove         |
|              |                         |                                  | <input type="checkbox"/> Change         |
|              |                         |                                  | <input type="checkbox"/> Add            |
|              |                         |                                  | <input type="checkbox"/> Remove         |
|              |                         |                                  | <input type="checkbox"/> Change         |
|              |                         |                                  | <input type="checkbox"/> Add            |
|              |                         |                                  | <input type="checkbox"/> Remove         |
|              |                         |                                  | <input type="checkbox"/> Change         |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

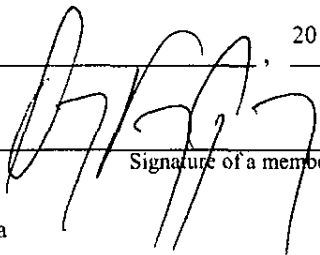
Multiple horizontal lines for amending information.

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STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FL 32309

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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 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 June 6, \_\_\_\_\_, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jose Acosta  
\_\_\_\_\_  
Typed or printed name of signee