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	(Requestor's Name)
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	(Business Entity Name)
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SECRETARY OF STATE
TRALLANTASSEE, FL

Name Change

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	NOISOM, LESTER A			
		Name of Person		
	Noisom & Steigerwald We	ealth Services LLC		
		Firm/Company		
	8950 SW 74th Ct. Suite 23	250		
		Address	<u></u>	
	Miami, FL 33156			
		City/State and Zip Code	<del></del>	
	Tony.Noisom@RaymondJa	•		
	E-mail address: (	to be used for future annual report no	ification)	
For further information e	oncerning this matter, please c	all:		
Lester Noisom		786 512-6168		
Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:	antium.	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC -6 PM 4: 07

NOISOM & STEIGERY	WALD WEALTH SERVICES LLC	SECRETARY OF STATE
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our r Limited Liability Company)	ECRETARY OF STATE
The Articles of Organization for this Limited Liability Co	impany were filed on 06/21/2017	and assigned
Florida document number L17000135441		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
NOISOM WEALTH SERVICES LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_ <del></del> .
(Principal office address MUST BE A STREET ADDRI	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Transcript General Control of the Co		-
B. If amending the registered agent and/or registered	office address on our records, e	enter the name of the new registered
agent and/or the new registered office address here:	, , , , , , , , , , , , , , , , , , ,	
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	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 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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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			Remove
			[]Change
			□Add
			☐ Change
			□Remove
			□Change
			□ Add
			□Remove
			□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef <b>Note:</b>	ive date, if other than the date of filing:  [Sective 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 605.1  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	0207 (3)(b) d as the
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after fled.	the
Dated	October 8th, 2021	
	Comment of a market	
	Signature of a member or authorized refresentative of a member	
	MOISOM, LESTER A  Typed or printed name of signee	

Filing Fee: \$25.00