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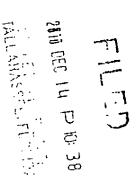
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D. SCOTT

JAN 4 2019

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC	Physicians	Wealth Planning, LLC	•		
NOBBER		Name of Lim	ited Liability Company	···	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		J Michael Jensen			
		Physicians Wealth Plannin	Name of Person g, LLC	·	
		Firm/Company			
		4830 W. Kennedy Blvd. St	te. 825	TALL.	2010
		Tampa FL 33609	Address	ALLAHAS	2010 DEC 14
		klewis@financialguide.com	City/State and Zip Code		T ;
For furth	er information c	E-mail address: (oncerning this matter, please ea	to be used for future annual report notifi	ication)	യ
		oncerning this matter, prease co			
J Michael Jensen Name of Person		f Person	813 287-8379 at () Area Code Davtime	Telephone Number	_
	waine o	i i cison	Area Code Dayinne	Telephone Number	
Enclosed	l is a check for th	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 I Certificate of Certified Cop (additional copy	Status & y
		ING ADDRESS: ation Section	STREET/COURIE Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Physicians Wealth Planning, 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 April 19,2018 and assigned Florida document number <u>L18000096640</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Physicians Wealth Planning LLC, a Jensen Anderson Company The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 City 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 mv duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 □ Add Change 7 U **98** □ yad _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Effective date, if other than the date of filing	g: (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 60	05.0207 (
document's effective date on the Department of St	neet the applicable statutory filing requirements, this date will not be listate's records.	sted as t
he record specifies a delayed effective d	late, but not an effective time, at 12:01 a.m. on the earl	lier of:
The 90th day after the record is filed.	,	
Dated December 11,2018		
		
Sign Office of a m	nember or authorized representative of a member	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00