## 121000458653

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## **COVER LETTER**

20: Registration So Division of Cor			
CUDIFCT.	Speizer Wee	alth LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Darren .	Speizer	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	···
	590 44th	Ave NE	····
	St. Peters	burg FL 337	63
	Darren. Speiz E-mail address: (1	City/State and Zip Code  Let C Raymond to be used for future annual report no	James, Com
For further information of	concerning this matter, please ca		
Darren Sp	of Lec	at (30 S ) S4 6 - Area Code Dayt	C361
Name C	of retson	Alea Code Dayt	the reconone Number
Enclosed is a check for the	he 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 Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 10 21 2021 and assigned Florida document number L21000458653.  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 "L.L.C., or the abbreviation "L.L.C.,  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	Speizer W	ealth LLC
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 "LLC, or the abb	(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C., 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 gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  City  Florida  City  Florida  City  I further agree To comply with the reovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations 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. Of it the document is being filed to merely reflect a change in the registered affice address. I hereby confirm that the laminestication of the proper is seeing filed to merely reflect a change in the registered office address. I hereby confirm that the laminestication of the proper is seeing filed to merely reflect a change in the registered office address. I hereby confirm that the laminestication of the proper is seeing filed to merely reflect a change in the registered office address. I hereby confirm that the laminestication of the proper is seeing filed to merely reflect a change in the registered office address. I hereby confirm that the laminestication of the proper and complete performance of the proper of the proper is seeing filed to merely reflect a change in the registered office address. I hereby confirm that the laminestication of the proper and complete performance of the proper of the proper and complete performance of the proper of the proper and complete performance of the proper of the	The Articles of Organization for this Limited Liab	ility Company were filed on $10 21 2021$ and assigned $553$ .
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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
AMBR	Darren Speizer	100 2 <sup>2</sup> Aves, Suite 704.	S DXAdd
		St. Petersburg, FL 33701	□Remove
			□Change
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~ ~		Dairen Speizer  Typed or printed name of signee	