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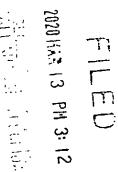
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COVER LETTER

Athena Partners Wealth Management LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: David R. Black, Esq. Name of Person Firm/Company 200 South Biscayne Boulevard, Suite 4300 Address Miami, Florida 33131 City/State and Zip Code item7@umiami.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: David R. Black, Esq. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section
Division of Corporations

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**

ARTICLES OF C	JRGANIZATION			
C)F	虚 不		
Athena Partners Wealth Management LLC		and assigned		
	any as it now appears on our records.) Liability Company)			
(A Florida Limited	Liability Company)	3		
The Articles of Organization for this Limited Liability Company	were filed on February 9, 2016	رن and assigned		
Florida document number L16000027929				
This amendment is submitted to amend the following:		२ °		
A. If amending name, enter the new name of the limited liab	oility company here:			
Athena Partners Financial Services LLC				
The new name must be distinguishable and contain the words "Limited Liabs	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	200 South Biscayne Boulevard			
(Principal office address MUST BE A STREET ADDRESS)	Suite 4300	· · · · · · · · · · · · · · · · · · ·		
	Miami, Florida 33131			
Enter new mailing address, if applicable:	200 South Biscayne Boulevard			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 4300			
	Miami, Florida 33131			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Floric	la		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and 1 provided for in Chapter 605, F.S	am familiar with and . Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

It 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
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