## Lanuage 190

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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration S Division of Co						
Wealth M	anagement Associates, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Richard A. Perea					
		Name of Person				
	Wealth Management Asso	ciates, LLC				
t s		Firm/Company				
	3914 Turkey Oak Drive					
82		Address				
-	Valrico, FL 33596					
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
1.)	rperea@wealthma.net					
$O_1^*$	E-mail address: (	to be used for future annual report notif	ication)			
For further information	concerning this matter, please c	all:				
Richard A. Perea		813 651-5751 at ()				
Name	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	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)			
MAII	JNG ADDRESS:	STREET/COURII	ER ADDRESS:			

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.)
(A Flonda Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on April 15, 2002 and assigned
Florida document number L02000009196	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3914 Turkey Oak Drive
(Principal office address MUST BE A STREET ADDRESS)	Valrico
•	Florida 33596
Enter new mailing address, if applicable:	3914 Turkey Oak Drive
(Mailing address MAY BE A POST OFFICE BOX)	Valrico
	Florida 33596
·	SS
B. If amending the registered agent and/or registered o	
registered agent and/or the new registered office address her	e:
Name of New Registered Agent:	
New Registered Office Address:	
E	Enter Florida street address
<u></u>	, Florida
	City Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
			☐ Change
			Add
7			□ Remove
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22	***		Add
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Typed or printed name of signee

Filing Fee: \$25.00