## 10300027666

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## **COVER LETTER**

	ion of Corp						
	HAAG WEA	LTH MANAGEMENT GRO	OUP LLC				
Name of Limited Liability Company							
The enclosed .	Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return a	all correspon	dence concerning this matter	to the following:				
		MARK HAAG					
			Name of Person				
		AMERIPRISE					
			Firm/Company				
		1501 CORPORATE DRIV	/E SUITE 200				
			Address				
		BOYNTON BEACH FL 3	3426				
			City/State and Zip Code				
		MARK.F.HAAG@AMPF.					
		E-mail addréss: (	to be used for future annual repo	ri notification)			
For further inf	ormation cor	cerning this matter, please co	all:				
MARK HAA			561 572-23				
	Name of F	Person	Area Code D	aytime Telephone Number	<del></del>		
Enclosed is a c	check for the	following amount:					
<b>≘ \$</b> 25.00 Fil	ing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified Co	of Status &		

MAILING ADDRESS: Registration Section
Division of Corporations
P.O. Box 6327 Tailahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAAG WEALTH MANAGEMENT LLC

(Name of the Limited Lin (A Flor	bility Company as it now appears on crida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L03000027666	Company were filed on 07/28/20	1
This amendment is submitted to amend the following	<del></del> ` :	AT-OCT 24 alcusion of
A. If amending name, enter the new name of the li	mited liability company here:	9 72
MARK HAAG LLC		
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation	tion "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office at Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida str	eei address
		, Florida
	City	Ztp Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my d agent as provided for in Chapt tred office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, S	gnature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> <u>Title</u> Name \_□ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

\_□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:  (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 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	05.0207 (3)(b) isted as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early). The 90th day after the record is filed.	lier of:
Dated OCTOBER 20TH , 2017	
Signature of a member or suthorized representative of a member	}
MARK HAAG  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00