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COVER LETTER

	egistration Se ivision of Cor					
elib ieza		ealth Management Holdings, L	rc			
SUBJECT	•	Name of Lin	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Sofia Salazar				
			Name of Person			
		Bulltick Wealth Managem	ent Holdings, LLC			
Firm/Company						
		333 SE 2nd Avenue - Suit	e 3950			
333 SE 2nd Avenue - Suite 3950 Address						
Address Miami, Florida 33131						
City/State and Zip Code						
Name of Person Bulltick Wealth Management Holdings, LLC Firm/Company 333 SE 2nd Avenue - Suite 3950 Address Miami, Florida 33131						
			·	ification)		
For further	information c	oncerning this matter, please co	all;			
Sofia Sala:	var		•			
	Name o	f Person	Area Code Daytim	ic Telephone Number		
Enclosed 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 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bulltick Wealth Management Holdings, LLC	•	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 09/22/2005	and assigned
Florida document number L05000093404	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Bulltick Insurance Agency, LLC		
The new name must be distinguishable and contain the words "Lim	tited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
	_	SEC ALL
Enter new mailing address, if applicable:		AS:
(Mailing address MAY BE A POST OFFICE BOX)		7 × × × × × × × × × × × × × × × × × × ×
(Mulling address MAT BE A FOST OFFICE BOA)		
		<u> </u>
B. If amending the registered agent and/or regis	torred office address on the meaning entire	36 R.D.A.
registered agent and/or the new registered office add	ress here:	er the name of the nev
	- 	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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 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:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> Address **Type of Action** _□ Add □ Remove ☐ Change ☐ Remove ☐ Change _□ Add _□ Remove _____ Change _□ Add __

Remove _□ Change □ Add ☐ Remove

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If an ef <u>Note:</u>	ive date, if other than the date of filing:	5.020 ⁻ ted as	7 (3 s th
ne rei The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier o	ıf:
Dated	June 11 2018		
Danca			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00