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(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:

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EXAMINER

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SECRETARY OF STATE PALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: Advantage Francial Services of Florida, LLC Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence concerning this matter to the following:						
	John P.	Baumann, Jr. Name of Person	<u>.</u>			
		e financial Service				
	405 North	Reo Street, Suite	200			
	Tanpa, FC jbaumas E-mail address: (1)	33609 City/State and Zip Code on © bropa web. Coto be used for future annual report notifica	tion)			
For further information concerning this matter, please call:						
Name o	of Person	at () Area Code & Daytime T	elephone 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

TO:

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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>4-7-2006</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Dimensions Wealth Part	ners, LLC
Γhe new name must be distinguishable and end with the words "Limit 'L.L.C."	ed Liabilitý Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	405 N Reo St
(Principal office address MUST BE A STREET ADDRESS)	Suite 200
	Tampa, PL 33609
Enter new mailing address, if applicable:	405 N Reo St
Mailing address MAY BE A POST OFFICE BOX)	Site 200 Tampa, FL 33409
	Tampa, FL 33409
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	7ASE 10
New Registered Office Address:	AR B
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	IATE ORIDA
I bound in a count the manufacturous as uspiretured about and some	and a not in this agreeity. I fouther across to comply with

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
			Add Remove
			Add
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if nec	essary.)
<u></u>		on address for: Jr., MGRM undo, MGRM	
_	to suite # 20	XO	10 APR 20 SECRETAR)
Dated	MpBu.	or authorized representative of a member	
	John P. Bu	or printed name of signee	: 46 TATE ORIDA
	l l	Page 2 of 2	

Filing Fee: \$25.00