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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
		•
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/21/06--01034--020 **25.00



John Males

COVER LETTER

TO:	Registration Section Division of Corporations	·	
SUBJ	JECT: Florida Wealth Institute, LLC		
0020	(Name of Limited Liability Company)	<u> </u>	-
The e	inclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	Dorothy Hawkins		
	(Name of Person)	; -	
	(Firm/Company)		
	112 W. Prince Street		
	(Address)	75.60	4
	Tampa, FL 33612	SEP 21	
	(City/State and Zip Code)	1997 P	1 1
For fu	urther information concerning this matter, please call:	2006 SEP 21 AM 10: 55	194
	Dorothy Hawkins at 813 997-1725	西州 	_
	(Name of Person) (Area Code & Daytime Telephone Nu	mber)	
Enclos	sed is a check for the following amount:		
	5.00 Filing Fee \$\ \text{S55.00 Filing Fee & Gertificate of Status} \text{S55.00 Filing Fee & Gertificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Cot}		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S: 	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Wealth Institute, LLC

	(Present Name) (A Florida Limited Liability Company)
TRST:	The Articles of Organization were filed on 8/4/2006 and assigned document number L06000077268
ECOND:	: This amendment is submitted to amend the following:
	Manager/Member: Dorothy Hawkins is to replace Craig Hawkins
	Managermieraber: Derouty Flathanie is to replace orang Flathanie is replace orang Flathanie is to replace orang Flathanie is t
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	F. 55
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Dated Se	eptember 14
	Signature of a member or authorized representative of a member
	Dorothy Hawkins
	Typed or printed name of signee

Filing Fee: \$25.00