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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

APR 2 1 2008

EXAMINER

COVER LETTER

	tration Section on of Corporations			
SUBJECT: _	Mett.	(Name of Lin	nited Liability Company)	
The enclosed A	Articles of Amendmen	t and fec(s) are su	bmitted for filing.	
Please return a	ll correspondence con	cerning this matter	τ to the following:	
		R	(Name of Person)	
		Metta	Firm/Company) Alvis	rs,UL
		ROL De	uslac Rd, 9th Fk (Address)	
		Cordo	(City/State and Zip Code)	
For further info	ormation concerning t	his matter, please	call:	
Ray	(Name of Person)		at (305) 529 - 04 (Area Code & Daytime	Telephone Number)
Ènclosed is a c	theck for the following	g amount:		
□\$25.00 Fili	ng Fee \$30.00 Cer) Filing Fee & ifficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows a control of the control of th
	MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	on rations	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle



April 17, 2008

Re: Amend Name of LLC

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

FL D.O.C.,

I am writing to authorize the name change for our firm from "Metta Financial Advisors, LLC" to "Metta Wealth Management, LLC". Please see the attached documentation regarding this change. I would also like to authorize, Raymond Mas, to sign on the firms behalf as an authorized representative.

Thank you for your cooperation on this matter. If I can be of any further service, please feel free to reach me at (305) 529-0428 ext. 127.

Sincerely.

Rodd Garfinkel

CC: Kelley Peterson

Encl. Amendment to LLC.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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The Articles of Organization for this Limited Liability Company were filed on _______ and assigned

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "binited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	(City)	, Florida
New Registered Office Address:	(Enter Fl	orida street address)
<u> </u>	·	
Name of New Registered Agent:		

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 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 Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Add Remove
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Dated	April 24 , 20	<u>∞8</u> . → M /	
	Signature of a memb	per or authorized representative of a member	
	Ray	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00