## LD7000119799

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
| (Only/State/Zip/Fittorie #)             |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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02/02/09--01061--028 \*\*60.00



C. LEWIS
FEB 3 2009
EXAMINER

## **COVER LETTER**

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2009 FEB - 2 PM 2: 11

SAFER FINANCIAL GROWTH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company  | were filed on 12/03/2007             | and assigned                   |  |
|--|--------------------------------------|--------------------------------|--|
| Florida document number <u>L07000119799</u> .  |                                      |                                |  |
| This amendment is submitted to amend the following:  |                                      |                                |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:                  |                                |  |
| " WISE WEALTH MANAGEMENT, LLC "  |                                      |                                |  |
| The new name must be distinguishable and end with the words "Limi"L.L.C."  | ited Liability Company," the designa | tion "LLC" or the abbreviation |  |
| Enter new principal offices address, if applicable:  |                                      |                                |  |
| (Principal office address MUST BE A STREET ADDRESS)  | 2840 West Bay Drive #346, BE         | ELLEAIR BLUFFS, FL 33770       |  |
| Enter new mailing address, if applicable:  |                                      |                                |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                                      |                                |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |                                      | nter the name of the new       |  |
| 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 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</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Manage<br>MGRM = Mana              |                                     |   |                |
|--|-------------------------------------|---|----------------|
| Title                                    | Name                                | Address                                       | Type of Action |
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|  |                                     |   |                |
| D. If amending                           | any other information, enter change | e(s) here: (Attach additional sheets, if nece | ssary.)        |
| , <u>1948</u>                            |                                     |   |                |
|  |                                     |   | 2009 FEB       |
| Dated JANUAR                             | Signature of a member               | or authorized representative of a member      | SSEC.          |
|  | HECEN Typed o                       | or printed name of signee                     | - 2: 11        |
|  |                                     | Page 2 of 2                                   | kw."           |

Filing Fee: \$25.00