

209 0000 43175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

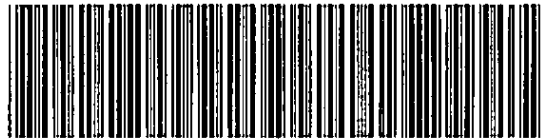
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 05 2022

05/06/22--01002--016 **25.00

LLC N/C amend

2022 MAY -5 AM 9:52

FILED

A. RAMSEY
JUL 28 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2022

SAMANTHA WILSON
121 SOUTH ORANGE AVENUE NORTH TOWER
STE 1500
ORLANDO, FL 32801

SUBJECT: WILSON GROUP FINANCIAL MANAGMENT, LLC
Ref. Number: L09000043175

We have received your document for WILSON GROUP FINANCIAL MANAGMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please put the business name currently filed on our records on line one of the application. Please remove any reference of the DBA name on line A and in section D.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Catherine M Brumbley
Regulatory Specialist III

Letter Number: 622A00014837

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WILSON GROUP FINANCIAL MANAGEMENT DBA CENTRUS FINANCIAL STRATEGIES
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMANTHA F. WILSON

Name of Person

WILSON GROUP FINANCIAL MANAGEMENT DBA, CENTRUS FINANCIAL STRATEGIES
Firm/Company

121 SOUTH ORANGE AVENUE, NORTH TOWER, SUITE 1500, ORLANDO FLORIDA 32801
Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

SAM@CENTRUSFS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMANTHA F. WILSON

Name of Person

at (321) 663-6220

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAY -5 AM 9: 52

WILSON GROUP FINANCIAL MANAGEMENT, 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 MAY 4, 2009 and assigned
Florida document number L09000043175

This amendment is submitted to amend the following:

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

WILSON GROUP FINANCIAL MANAGEMENT, LLC

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

Enter new principal offices address, if applicable:

ADDRESS HAS NOT CHANGED

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO POST OFFICE BOX

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

NO 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date is filed.

Dated APRIL 29, 2022



Signature of a member or authorized representative of a member

SAWANTHA F. WILSON

Typed or printed name of signee