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SECRETARISTON DIVISION OF CORPORATION

T. HAMPTON MAR 1 6 2010



COVER LETTER

то:

Registration Section

Division of Corporations						
	ZIII III VA/E AL T		0			
SUBJECT: KULJU WEALTH MANAGEMENT LLC Name of Limited Liability Company						
		2				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		_				
	Name of Person					
	DISCOVER INVEST AND INSURE LLC					
	Pirm/Company					
	84 DAVIS BLVD, SUITE 102 Address					
		Addiess				
	TAMPA, FL 33606					
		City/State and Zip Code				
DAVID@KULJU.BIZ E-mail address: (to be used for future annual report notification)						
		•	яптешон)			
For further information	concerning this matter, please of	call:				
D	AVID KULJU	at (813)	404-2718			
Name of Person			ime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	∏ \$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,			
	Certificate of Status	Certified Copy	Certificate of Status &			
		(additional copy is enclos	sed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:			RIER ADDRESS:			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li (A F		ANAGEMEN ny as it now appea liability Company)			
The Articles of Organization for this Limited Liab Florida document number L10000010		were filed on	JANUARY 4, 2010) and assig	ned
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	he limited liab	ility company he	ere:	•	
DISCOVE	R INVEST	AND INSURE	LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ted Liability Comp	pany," the designation "L	LC" or the abb	previation
Enter new principal offices address, if applicable:		84 DAVIS B	LVD, SUITE 102		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		TAMPA, FL	33606	5	SEC
				MAR.	28
Enter new mailing address, if applicable:		84 DAVIS B	LVD, SUITE 102	9.0	pr cor
(Mailing address MAY BE A POST OFFICE BO	TAMPA, FL			8 m	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of	fice address on		the name of	RATIONS new
Name of New Registered Agent:	DAVID M. K	CULJU			
New Registered Office Address:	84 DAVIS B	LVD, SUITE 1	02		
	ress				
		TAMPA	, Florida	33606	
		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action Title** <u>Name</u> **MGRD** DAVID M. KULJU 84 DAVIS BLVD, SUITE 102 TAMPA, EL 33606 ☐ Add ☐ Remove Remove Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) REGISTERED AGENT NAME: DAVID M. KULJU MARCH 8 2010 Dated_ Signature of a member or authorized representative of a member DAVID M. KULJU Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00