## LIUUUILAZ

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	JECT: BOCA MOLLY'S LL C	•			
The en	enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please	se return all correspondence concerning this matter to the following:				
	VICTOR BAUZA Name of Person	_			
WEALTH PARTNET HOLDINGS, LLC					
160 WEST CAMINO REAL # 260					
	BOCA PATON PL 33432  City/State and Zip Code  BAUZAUM at GMIL.Co  E-mail address: (to be used for future annual perport notification)	<del>-</del>			
	E-mail address: (to be used for future annual report notification)	м			
For fur	further information concerning this matter, please call:				
<del></del>	Name of Person at (S6) 353-70 Area Code Daytime Telephone Numb	25 28 HAY			
Enclos	osed is a check for the following amount:	かき <u>1</u> (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
\$2	(additional copy is enclosed) Certifie	riling Fee at a sate of Status & Status			

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 11/8/10  Florida document number 120000116232	and a	ssigne	:d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:	LC e abbreviation "	L.L.C.	?
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	er the name	e of t	he new
Name of New Registered Agent:	7-51	₹	RIGHTS.
New Registered Office Address:  Enter Florida street address	MAN MAN MAN	<u>-</u> Pa	
, Florida	Zip God	_	- FEET AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED
New Degistered Agent's Signature if changing Degistered Agents		 6	

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> Type of Action \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove □ Change \_□ Add \_□ Remove ☐ Change □ Add □ Remove □ Change Remove Chânge □ Add □ Remove □ Change

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	•	
. Effe	ctive date, if other than the date of filing: (optional)  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 605.0	
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 ( as t
docu	ment's effective date on the Department of State's records.	enc;
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
) Th	e sour day after the record is filed.	
Date	4 4124/15 E	1,426
Bute	4 - 110/112 ·	
	Signature of a member or audiorized representative of a member	
	1 ide ( Berson	
	Typed or printed name of signee	

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Filing Fee: \$25.00