

L10000116804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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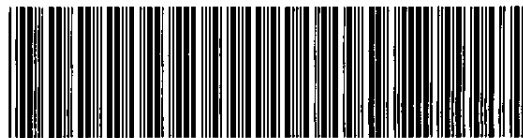
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NOV 10 2011

EXAMINER



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV -7 AM 8:25

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RELIANCE WEALTH MANAGEMENT LLC**

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:

**BARUCH HALPEN**

Name of Person

**CARBON CREDITS ADVISORS**

Firm/Company

**20900 NE 30TH AVE - SUITE 200**

Address

**AVENTURA, FL 33180**

City/State and Zip Code

**BARUCHH@GMAIL.COM**

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

For further information concerning this matter, please call:

**BARUCH HALPERN**

Name of Person

at ( **786** )

**528-1011**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$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/COURIER ADDRESS:**

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**RELiance WEALTH MANAGEMENT**

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

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DIVISION OF CORPORATIONS  
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The Articles of Organization for this Limited Liability Company were filed on 11/09/2010 and assigned  
Florida document number L10000116804

This amendment is submitted to amend the following:

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

CARBON CREDITS ADVISORS, LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

20900 NE 30TH AVE.

SUITE 200

AVENTURA, FL 33180

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

20900 NE 30TH AVE.

SUITE 200

AVENTURA, FL 33180

**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:**

BARUCH HALPERN

**New Registered Office Address:**

20900 NE 30TH AVE., SUITE 200

*Enter Florida street address*

AVENTURA

*City*

Florida

33180

*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.*

Baruch Halpern  
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BARUCH HALPERN	20900 NE 30th Ave Suite 200 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ARTHUR NEWMAN	C/O CCA 20900 NE 30th Ave Suite 200 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 3, 2011

  
Signature of a member or authorized representative of a member

BARUCH HALPERN  
Typed or printed name of signee