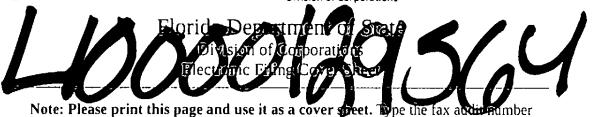
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

(((H240001417073)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

F.rom:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Æ Email Address:_____

THE CONTRACT OF THE CONTRACT O

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLANTIC SUN FINANCIAL GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Fax: 8134365206

ARTICLES OF AMENDMENT "TO ARTICLES OF ORGANIZATION " OF

_	Or	
₩		<u>,•</u>
Atlantic Sun Financial Group LLC	•	•
(Name of the Lim	ted Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
	(A Florida Limited Liability Company)	
he Articles of Organization for this Limited L	iability Company were filed on 12/20/10	and assigned
lorida document number L10000129564		•
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
Fortitude Wealth Planners LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli		
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	63
		122
		-1
. If amending the registered agent and/or	registered office address on our records, e	nter the name of the new registere
gent and/or the new registered office addre		-1
Name of New Registered Agent:	Registered Agents Inc	9.
	7001 ATU CT N CTE 200	
New Registered Office Address:	7901 4TH ST N STE 300	1
	Enter Florida street a	aaren

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.

City

ST. PETERSBURG

If Changing Registered Agent Signature of New Registered Agent

_, Florida <u>___</u>

4/18/2024 09:32:58 PDT To: 18506176383 Page: 3/4 Fax: 8134365206

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			Change
	# + P-3-13-1-P-13-1		□Add
			□Remove
			□Change
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ffecti	ve date, if other than the date	of filing:		(optional)	
ote:	ective date is listed, the date must be s If the date inserted in this block d ent's effective date on the Depart	loes not meet the applic	able statutory filing requ	n 90 days after filing.) Pursuant to irements, this date will not be	o 605.0207 c listed as
record Lis file	d specifies a delayed effective date ed.	:. but not an effective t	ime, at 12:01 a.m. on the	carlier of: (b) The 90th day	after the
	April 18th	2024	········ -		
aico _			orized representative of a n		

Typed or printed name of signee