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J. HARRIS

COVER LETTER

TO;	Registration Se Division of Cor	porations		
SUBJ	ect: <u>Far</u> r	sley & Johnsto	n Wealth Managen	nent Consultants, LLC
		Name of Lim	ited Liability Company J	
754	ata a di ki wata a we	A d	- '- 1 S - S	
I he et	nciosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		A.	Name of Person	
		Farnsley	Wealth Managem	ent, LLC
		,	Firm/Company	,
		ء رمس	- 0 - 4 - 4	
		303	Reid Ave	
		Λ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Part S	H JOE, FL 3245 City/State and Zip Code	56
			City/State and Zip Code	
		<u>aaron, fari</u> E-mail address: (15 ley & farnsley.	COM
For fu	rther information co	oncerning this matter, please co	all:	
	Aaso	i Farnsley	at (<u>850</u>) <u>227 -</u> Area Code Daytime	3336
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$ 2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
				(additional copy is enclosed)
		NG ADDRESS:	STREET/COURI	
		ation Section n of Corporations	Registration Section Division of Corpora	
	P.O. Bo		Clifton Building	wono
	Tallaha	ssee, FL 32314	2661 Executive Cer Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

tarnsley + Johnston Weal	th Manageme	at consultants, LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company v	were filed on <u>Dec.</u>	30, 2010 and assigned
Florida document number <u>L 1 0 0 0 0 1 3 2 4 8 9</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Farnsley Wealth Management The new name must be distinguishable and contain the words "Limited Liability"	, L.C.	
The new name must be distinguishable and contain the words "Limited Liabili	y 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)		
		
		2017 .
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(A) (A)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		cords, enter the name of the new
New Registered Office Address:	Enter Florida street	oddress
		, Florida
 	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change. If Change	performance of my duti covided for in Chapter address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is
Page 1	of 3	
rage i	or in	

lf amendii <u>or remove</u>	ng Authorized Person(s) authorized to n d from our records:	nanage, <u>enter the title, name, a</u>	nd address of each person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
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ir amen	ming any other information, enter change(s) here: (Aft.	ach additional sheets, if necessary.)
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Effectiv	e date, if other than the date of filing: August	1, 2017 (optional)
f an effec	ctive date is listed, the date must be specific and cannot be prior to date of f the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to 605.0207
locumer	nt's effective date on the Department of State's records.	
ie reco	ord specifies a delayed effective date, but not an e	
	90th day after the record is filed.	
	July 24th 2017	
Dated _		
	A Olla	2
	Signature of a member or authorized re	· · · · · · · · · · · · · · · · · · ·
	Aaron Farns Typed or printed name	
	Typed or printed name	
		F. P. F.
	Page 3 of 3	
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