# L110000002597

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PiCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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2011 AUG 26 AM ID; 17
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

AUG 2 9 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2011

WILLIAM DUNN / WEALTH BUILDING INSTITUTE 6704 MANCHACA ROAD UNIT 1 AUSTIN, TX 78745

SUBJECT: REAL ESTATE WEALTH SOLUTIONS LLC

Ref. Number: L11000002597

We have received your document for REAL ESTATE WEALTH SOLUTIONS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 311A00019235

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se	ection rporations				
SUBJECT:	Real Estate W	/ealth Solutions, LLC			
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		William Dunn			
		Name of Person			
	W	ealth Building Institute			
		Firm/Company			
	670	04 Manchaca Rd Unit 1			
		Address			
		Austin, TX 78745			
		City/State and Zip Code			
	chri	s@eminiacademy.com to be used for future annual report notifica	tion)		
For further information of	concerning this matter, please o	•	uon)		
TO THE ENDINGUE	oncerning and matter, produce t	(A1) -			
W	/illiam Dunn		64-7950		
Name o	of Person	Area Code & Daytime T	'elephone Number		
Enclosed is a check for the	he 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2011 AUG 26 AM 10: 18

Real Estate Wealt	th Solutions,	LLC S	ECRETARY OF STATE  AMASSEF. FLORID
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now apper Liability Company)	irs on our records.] <sup>A</sup>	LEANAGGE
The Articles of Organization for this Limited Liability Company Florida document numberL11000002597	were filed on	January 6, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company he	re:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Comp	any, the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		110	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		MR	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter	the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	E	nter Flor da street add	tress
		, Florida	
	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 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 = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Manage	John Fedro	6704 Manchaca Rd Unit 1 Austin, TX 78745	Add Remove
Manager	David Montelongo	6004 Marchaia Rd Austra IX 78745	Add Remove
· 			Add Remove
			Add Remove
			☐ Add ☐ Remove
			Add Remove
		s) here: (Attach additional sheets, if necessary	<i>i.</i> )
	oving John Fedro and keeping Will	n Dunn and John Fedro and we are liam Dunn as the primary manager of t	IL 26 HASSI
Dated	August 9, 2011 , (		OF STATE FLORIDA
-		r authorized representative of a member	
-		/illiam Dupn printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00