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SECRETARY OF STATE
ASSCRETARY OF STATE

J. BRYAN

MAY 24 2011

EXAMINER

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	.C				
		ted Liability Company			
		to ou			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Ayanna N. Giles			
		Name of Person			
	Inve	stment Law Group, L	LP LITE 2445 LITE 2445 LITE 2445		
Firm/Company			23		
	1230 Pea	chtree Street, N.E. Su	uite 2445		
		Address			
	А	tlanta, Georgia 30309			
City/State and Zip Code					
	AGiles	investmentlawgroup to be used for future annual rep	ort notification)		
For further information of	concerning this matter, please c				
Ava	anna N. Giles	at (404)	607-6936		
Name of Person		at (/	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is each	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
			,		
	ING ADDRESS: ration Section	STREET/C Registration	COURIER ADDRESS: 1 Section		
Divisio	on of Corporations ox 6327		Corporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Klotey W	Vealth Mana	gement, LLC			
(Name of the Limited List (A Flor	rida Limited Liabi	s it now appears on lity Company)	our records.)		
Klotey W (Name of the Limited Liat (A Flor The Articles of Organization for this Limited Liabili Florida document number	ity Company wei	re filed on Febr	uary 10, 201ยู่ เ	SE and assigned	
This amendment is submitted to amend the following.	ıg:			SEE P. S.	
A. If amending name, enter the new name of the	limited liability	company here:		23	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited !	Liability Company,"	the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable	: <u>9</u>	900 Biscayne Blvd., Apt. 3904			
(Principal office address MUST BE A STREET ADDRESS)		Miami, Florida 33132			
Enter new mailing address, if applicable:		00 Biscayne Blv			
(Mailing address MAY BE A POST OFFICE BOX)		liami, Florida 33	132		
B. If amending the registered agent and/or registered agent and/or the new registered office		address on our r	ecords, <u>enter t</u>	the name of the new	
Name of New Registered Agent:			 		
New Registered Office Address: 90	00 Biscayne E	Blvd., Apt. 3904	lorida street add	lross	
	R.A				
		iami ity	, Florida	33132 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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add .
			Remove
			ALCA TO
			Add Remove
			R. C. S. S.
:			
			T P
			Add
			Remove
			Add
			<u>—</u>
D. If am	nending any other information,	enter change(s) here: (Attach additional sh	eets, if necessary.)
	 		
Dated	May 14	2011	
	Keng	C001.	
	Signatur	of a member or authorized representative of a r	nember
	· · · · · · · · · · · · · · · · · · ·	Kenge Collison Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00