Florida Department of State

División of Conceptions

Bisetronia Filling Cover Street

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000892973)))



H160000892973ABC9

**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 : (8

: (850)617-6383

From:

Account Name : THERREL BAISDEN, P.A.

Account Number : I20140000065

Phone : (305)371-5758

Fax Number : (305)371-3178

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

Email Address: MHOSNERD Therest Daisden.com

(SSEE) # 108

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEY CLIENT GROUP, LLC

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

J. HARRIS

815 APR 11 AM 10: 3.

1 of 2

4/11/2016 9:49 AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key Clien	t Grou	PILL	C		
(Name of the Limited Limbility Compar (A Florida Limited L	av as it now appears on lability Company)	our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL_11 0000 90 286		8/04/11	an	d assig	дed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
Wealth 400, LL	2		•		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the design	nation "LLC" or the	abbreviati .⊅ ca		C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		··	. P. (3)	20	177
	<u> </u>	·····	<u> </u>		didition and
Enter new mailing address, if applicable:	•				-13754 -13754
(Mailing address MAY BE A POST OFFICE BOX)			02 A1	<u> </u>	<u> </u>
			Dri	$\frac{\omega}{\omega}$	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ที่ce address on oย 2:	ur records, <u>ent</u>	er the n	ame_o	f the new
Name of New Registered Agent:					<del></del>
New Registered Office Address:	Enter Florida	etreet address			<del></del>
	City	, Florida	Zψ	Code	
Nam Degistered 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

H140000892973

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			bbA □
			□ Remove
	•		Change
			D Add
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			DAdd
			☐ Remove
			Change
			Add
			Remove O
			□ Add
			□ Remove
		·	☐ Change

H160000892973

	· · · · · · · · · · · · · · · · · · ·	,			· · ·
			· · · · · · · · · · · · · · · · · · ·		
		,			
<u> </u>			,		
					<del>,</del>
			<del> </del>		
		<del></del>		, <u>.</u>	
		<del></del> .			
				<del></del>	
·					
Effective date, if other to an effective date is listed, the Note: If the date inserted document's effective date	in this block does not t	meet the applicable	æ of filing or more than statutory filing requi	(optional) 90 days after filing, rements, this date	) Pursuant to 605.020 will not be listed a
e record specifies a c The 90th day after			effective time,	at 12:01 a.m.	on the earlier o
A0-1	11	, 2016			TACE OF A
Dated 1 ///			1		<del>#</del> ≈ <del>70</del> •
Dated 1 // 1					APR APR
Dated	Signature of a	member or authorized	representative of a ha		R II AH

Page 3 of 3

Filing Fee: \$25.00