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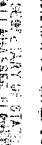
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COVER LETTER

TO:

TO:	Registration Division of C			
SUBJE	ECT:	Waxman & Larue	Wealth Management LLC.	
			nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
			David Larue Name of Person	
			Name of Person	
		Waxman	& Larue Wealth Management	2812 3411
		-	Firm/Company	AR TH
•			42 Dogwood Ridge	\$ 5 E
			Address	
			Jupiter Florida 33469	
			City/State and Zip Code	
		wax	manlaruewm@gmail.com	
		E-mail address:	(to be used for future annual report notification)	
For fur	ther information	concerning this matter, please	call:	
		David Larue	at (561) 541-7	
	Name	e of Person	Area Code & Daytime Teleph	one Number
Enclose	ed is a check for	the following amount:	A .	
\$25 .	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	26.1	A INC. A DEDUCC		
		LING ADDRESS: stration Section	STREET/COURIER AD Registration Section	DRESS:
		sion of Corporations Box 6327	Division of Corporations Clifton Building	
		hassee, FL 32314	2661 Executive Center Cir Tallahassee, FL 32301	cle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	k Larue vvealth Managerre I Liability Company as it now appears	on our records.)		
. ()	l Liability Company as it now appears A Florida Limited Liability Company)			
The Articles of Organization for this Limited L	iability Company were filed on	127/2012	and ass	signed
Florida document number L1200001	<u>3273 </u>	·		
This amendment is submitted to amend the foll	lowing:			
A. If amending name, <u>enter the new name o</u>	of the limited liability company here	:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compan	y," the designation "L	LC" or the a	abbreviation
Enter new principal offices address, if applic	cable:	Man.		
(Principal office address MUST BE A STREE	ET ADDRESS)	Ē		
			APR	
		1 42 4 1 42 4	<u> </u>	Providence
Enter new mailing address, if applicable:		و الله الله الله الله الله الله الله الل	S II	FIT
(Mailing address MAY BE A POST OFFICE BOX)				Cii.
		ij is	6.6 6.7	
B. If amending the registered agent and/ registered agent and/or the new registered o		ır records, <u>enter t</u>	<u>he name o</u>	f the new
Name of New Registered Agent:	David Larue			•
New Registered Office Address:	42 Dogwood Ridge			
•	Ente	er Florida street addı	ress	
	Tequesta	, Florida	33469	9
,	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 finapter 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 Changing Registered Agent, Signature of New Registered Agent

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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Richard Byrd 1% Intres	t 42 Dogwood Ridge Tequesta, Florida 33469 561-541-7075	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ento	er change(s) here: (Attach additional sheets, if necessary.,	
			2
Dated	4/02	, 2012/	",
	Signature of	a member drauthorized representative of a member David Larue	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00