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## **COVER LETTER**

Division of Corp			
SUBJECT:		TH100, LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
		MARK M. HASNER	
		Name of Person	
	THE	RREL BAISDEN, P.A.	
		Firm/Company	
	ONE SE	THIRD AVE., SUITE 2950	
•		Address	
	MIA	AMI, FLORIDA 33131	
	mhasn	er@therrelbaisden.com	<del> </del>
		be used for future annual report notifica	tion)
For further information cor	ncerning this matter, please cal	11:	
	M. HASNER	<sup>u,</sup> \	71-5758
Name of I	Person	Area Code & Daytime T	elephone Number
Enclosed is a check for the	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

(Name of the Limite	VVEAL I d Liability Com A Florida Limite	pany as it now appeard Liability Company)	rs on our records.)		
The Articles of Organization for this Limited I Florida document number L1200002		any were filed on FE	<u> </u>	012 and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited li	iability company her	<u>re</u> :		
	WEALTH	I-150, LLC			
The new name must be distinguishable and end w "L.L.C."	ith the words "L	imited Liability Compa	any," the designation	"LLC" or the a	bbreviation
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	<u> (BOX)</u>				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		ere:	our records, enter	12 FEB 28 SECRETAR TALLAHASS	f the new
		City	, Florida _	To Toda	
		Cuy		Sept Bae	

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.

New Registered Agent's Signature, if changing 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 a ded or removed from our records:

MGR = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
			Add Remove
			Add Remove
	ending any other information, en	nter change(s) here: (Attach additional sheets, if necessary.)	<b>-</b>
- - Dated	FEBRUARY 27	2012 .	<b>-</b>
	Signature/o	of a member or authorized representative of a member  MARK M. HASNER	
		Typed or printed name of signee	

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Filing Fee: \$25.00