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K. SALY EXAMINER

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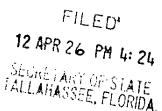
TO: Reg Div	istration Section sion of Corporations						
SUBJECT: Trindle Wealth Management, LLC							
50502011	Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return	all correspondence concerning this matter to the following:						
Angela C. Powell							
Name of Person							
	Dinsmore & Shohl LLP						
Firm/Company							
255 East Fifth Street, Suite 1900							
Address							
Cincinnati, OH 45202							
City/State and Zip Code							
angela.powell@dinsmore.com E-mail address: (to be used for future annual report notification)							
For further in	formation concerning this matter, please call:						
	Angela C. Powell at (513) 977.8602 Name of Person Area Code & Daytime Telephone Number						
	Name of Felson Area Code & Daytime Telephone Number						
Enclosed is a	check for the following amount:						
▼ \$25.00 Fil	ing Fee \$\bigcup \sum \sum \sum \sum \sum \sum \sum \sum						

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



Trindle Wealth Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	were filed on	2/16/2012	and assigned				
Florida document numberL120000231	28						
This amendment is submitted to amend the follow	ring:						
A. If amending name, enter the new name of the	<u>he limited liabi</u>	lity company here:					
Trindle Wealth I	Management	t, Ltd. Liability Co	mpany				
The new name must be distinguishable and end with t "L.L.C."	the words "Limit	ed Liability Company	"the designation "L	LC" or the abbreviatio			
Enter new principal offices address, if applicable:		510 Granada Drive					
(Principal office address MUST BE A STREET ADDRESS)		Hammock Dunes					
		Palm Coast, FL 32137					
Enter new mailing address, if applicable:		510 Granada Drive					
(Mailing address MAY BE A POST OFFICE BOX)		Hammock Dunes					
		Palm Coast, FL 32137					
B. If amending the registered agent and/or registered agent and/or the new registered offic			records, enter the	ne name of the nev			
Name of New Registered Agent:			··				
New Registered Office Address:	tress: 510 Granada Drive, Hammock Dunes						
		Enter Florida street address					
	Palm Coast		, Florida	32137			
		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 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 **Title** <u>Name</u> <u>Address</u> Type of Action 510 Granada Drive 🗸 Add Remove Hammock Dunes Palm Coast, FL 32137 ☐ Add Remove ☐ Add Remove □ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4-23 2012 Signature of a member or authorized representative of a member Dean D. Trindle

Typed or printed name of signce
Page 2 of 2

Filing Fee: \$25.00