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S. PRATHER

COVER LETTER

TO: Registration 8 Division of Co			
Wealth M	ligrate Investments, LLC		
30 <i>8</i> ,RC1.	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Piease return all corresp	oondence concerning this matter	to the following:	
	John Herbert		
		Name of Person	
	Herbert Legal Group, LL	C	
		Firm/Company	
	885 Woodstock Road St	e 430-330	
	-	Address	
	Roswell GA 30075		
		City/State and Zip Code	
	john@herbertlegalgroup. E-mail address: (com to be used for future annual report notific	eation)
For further information	concerning this matter, please ca	·	·
John Herbert		404 312.8775	
	of Person	at (Felephone 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wealth Migrate Investments, LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Florida document number L12000100816		
This amendment is submitted to amend the following:	:	(A)
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	. 5
Orbvest US Investments, LLC		
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	111
		orida
	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 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

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

	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
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			□ Change
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