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(Ad	Idress)	
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J. SAULSBERRY EXAMINER JAN 2 2 2013

COVER LETTER

Division of Co		,	
SUBJECT:	WEALTH MANA	GEMENT GROUP, U	lc
	Name of Limite	d Liability Company	· ·
•	·		•
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	Stuart	Pame of Person	
		Name of Person	
, -	WEALTH	MANAGEMENT GILOUP Firm/Company	; LLC
		Firm/Company	,
	3275 1	NEST HILLS BOIZE BL	VD Switte 307
		Address	
	Deerfiel	d Beach, Fl 33 City/State and Zip Code	442
		City/State and Zip Code	ZOII3 JAN 22 SUD METARN TAPITAHASSSI
	E-mail address: (to	be used for future annual report notification	on)
For further information	concerning this matter, please cal	1:	
Stuar	+ 12ms m	at (954) 8 21 - 1200	lephone Number
Name	of Person	Area Code & Daytime Tel	lephone 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

WEALTH MANAGEMEN		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11 01 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	3275 WEST HILLSBOR	D BLUD
(Principal office address MUST BE A STREET ADDRESS)	Suite 307	
	Deerfield Beach, FL	33442
Enter new mailing address, if applicable:	SAME	2013
(Mailing address MAY BE A POST OFFICE BOX)		
		122 SSIE
B. If amending the registered agent and/or registered off	fice address on our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address here	<u>e:</u>	955 e
Name of New Registered Agent:		3 3.
New Registered Office Address:		
	Enter Florida street ac	ddress
	, Florida _	
	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

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	JAN 14, 2013.
	Signature of a member or authorized representative of a member
	RICHARD Zimmerman
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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