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(Requestor's Name)
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		I ASSET MANAGEMENT		
3023		Name of Lim	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		PAUL BRIAN ZEITZ		
		-	Name of Person	
	1			
			Firm/Company	
			Address	
		BRADENTON FL 34203		
			City/State and Zip Code	
		BRIAN@WEALTHMANA	AGEDWELL.COM to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please co	·	zation)
PAUL	BRIAN ZEITZ		941 3611212 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

MONARCH ASSET MANAGEMENT		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L13000007351	ompany were filed on 01/15/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit		1 2 71
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-5
(Principal office address MUST BE A STREET ADDRE	ESS)	= (
		#17
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 addre		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Floridu street address	
New Registered Office Address:	Enter Florida street address Florid	<u> </u>

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DEBRA L SMITH	5245 OFFICE PARK BLVD STE 1	
		BRADENTON, FL 34203	Remove
			☐ Change
			Add
			Remove Change
			☐ Add ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Rentalve
			Change
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ective date, if other than the da effective date is listed, the date must be	te of filing:	or to date of filing or i	nore than 90 days after fi	1 21) iling.) Pursuant to 605.02
te: If the date inserted in this block	does not meet the appl	icable statutory fili		
ument's effective date on the Depa	rtment of State's record	is.		
record specifies a delayed e		not an effective	time, at 12:01 a.	m. on the earlier
he 90th day after the record	I is filed.			į.
OCTOBER 10	2017			•
ed OCTOBER 19	, 2017	· ·		
11.61	5/1			
/ Mul /	-//			
7 / 56	porture of a member or au	thorized representativ	e of a member	

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Typed or printed name of signee

Filing Fee: \$25.00