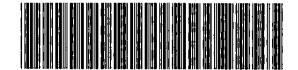
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COVER LETTER

Division of Cor					
SUBJECT: Wrence	ch advisors Ilc				
SOBJECT.	Name of Lim	ited Liability Company	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	tim gormley				
		Name of Person			
	wrench advi	sors IIc		201	
Firm/Company					
	55 s.e. 2nd	ave		Y 21	1 0 1
		Address		His To	4
	delray beacl	n, fl 33444		2014 IANY 27 PH 1: 2	ï
		City/State and Zip Code		21 1100 1100 1100	
	tim@wrenchadvis	Ors.com to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	•	, and the second		
granger wh	itelaw	_646\388-09	906		
Name o	 	at ()	Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ussee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wrench advisors llc		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000084824</u>	ny were filed on 06/12/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" o	or the abbreviation "LaL.C."
Enter new principal offices address, if applicable:		The second secon
(Principal office address MUST BE A STREET ADDRESS)		
Time par office address most be A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
[Mutting utilitiess MAT DE ATOST OFFICE DOA]		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		nter the name of the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name **Address Type of Action** MGR/nhr Carl Nicola 55 se 2nd ave □ Add delray beach, fl 33444 Remove MGR/mula Tim Gormley 55 se 2nd ave Add delray beach, fl 33444 □ Remove Merkin Consulting 55 se 2nd ave MGR delray beach, fl 33444 Moke USA IIc 563 E Woolbright Rd MGR Suite 111 ☐ Remove Boynton Beach, FL 33435 ☐ Add ☐ Remove ☐ Add

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