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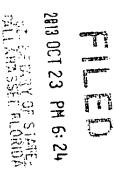
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: SCO	H Gilmore Name of Limite	Enterprises Led Liability Company	<u>LC</u>
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Tashia	Gilmare Name of Person	
		Firm/Company	
	6861 19	th Drs	
ere er	Lake W	Address orth FL 3346; City/State and 7 in Code	ALLAHASSE FLORIS
	tashiath	orth FL 3346; City/State and Zip Code Omas O yahoo. To be used for future annual roport notification	Com Es S
For further information con	ncerning this matter, please ca		167E
Tashia Name of	Gilmore	at (954) 854-19 Area Code & Daytime Tel	lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	E\$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)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scott Gilmare	Enterpri	ses LLC	·	
(<u>Name of the Limited Liabil</u> (A Florid	a Limited Liability Company)		
The Articles of Organization for this Limited Liability		9/4/13	and assign	ned
Florida document number <u>L130001248</u>	<u>50</u> .			
This amendment is submitted to amend the following:				reviation
A. If amending name, enter the new name of the li	mited liability company h	<u>ere</u> :		
The Wealth Group	o USA.LLC			
The new name must be distinguishable and end with the w	vords "Limited Liability Com	pany," the designation	1 "LLC" or the abb	reviation
L.L.C.				
Enter new principal offices address, if applicable:	***			
(Principal office address MUST BE A STREET ADI	DRESS)			·
	***************************************		<u> </u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		- canada
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	- Department
		*****	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
			<u> </u>	-
B. If amending the registered agent and/or regregistered agent and/or the new registered office agent.		our records, ente	r the name of t	he new
registered agent and/of the new registered office at	iuress nere.		• •	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
		Enter Florida street d	address	
		, 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

If smehding 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 **Address** Type of Action Title Title <u>Name</u> 401 Michigan Place WAdd MGR Lisa Gallo West Palm Beach, [FL 33409 Remove Remove Remove Remove

d	October 16, 2013
	Signature of a member or authorized representative of a member
	Tashia Gilmore

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 23 PM 6: 24