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COVER LETTER

Division of Corp	porations				
Kyle Howel SUBJECT:	l, LLC				
SUBJECT.	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:	·		
	Kyle Howell				
		Name of Person			
	Foundation Wealth Solution	ons			
		Firm/Company			
	1511 N. West Shore Blvd.	Suite 1100			
		Address			
	Tampa, FL 33607				
	<u> </u>	City/State and Zip Code			
	kyle@foundationwealthsolu			,	
		to be used for future annual report notific	ation)	2016	
For further information co	oncerning this matter, please ca	all:	LA FOX	= 1	7
Kyle Howell		813 868-6697 at ()	HASS		
Name of	Person	Area Code Daytime	Telephone Number		
			# 10 m	D D	フ
Enclosed is a check for th	e following amount:			00	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate o Certified Co (additional cop	Fee, of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

Kyle Howell, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/11/2014}{1}$ and assigned Florida document number _____L14000040888 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Foundation Wealth Solutions, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1511 N. West Shore Blvd Enter new principal offices address, if applicable: **Suite 1100** (Principal office address MUST BE A STREET ADDRESS) Tampa, FL 33607 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 1511 N. West Shore Blvd. Suite 1100 New Registered Office Address: Enter Florida street address Tampa Florida City 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

IGR = Ma MBR = Au	nnager ithorized Member		
<u>'itle</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			Add

☐ Change

D.' If amending any other information, enter change(s) here: (Attach additional sheet	s, if nece	ssary.)		
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem	(option days after	fi lmg .) Pur	suant to 60	∜")5.0207 (3)(i sted as the
document's effective date on the Department of State's records.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		sicu as me
document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at (b) The 90th day after the record is filed.	<u></u> 12-01 a	.m. on	the earl	ier of:
Dated <u>March 15</u> , 2016.				
Signature of a member or authorized representative of a memb	ег			
Kyle Howell				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00