

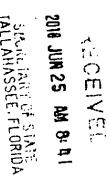
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## **COVER LETTER**

Division of Cor	porations		
The Clubbo	ouse Pass, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Manuel Serrano		
	· · · · ·	Name of Person	
	The Clubhouse Pass, LLC		
	-	Firm/Company	
	15855 Meadow Wood Dri	ve	
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	
	serranonandy@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Manuel Serrano		954 655-0225	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

TO: Registration Section

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

The Clubhouse Pass, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number £14000050613	were filed on March 27, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Clubhouse Private Wealth Insurance & Consulting Services, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	c/o EDWARD GARCIA INC
(Principal office address MUST BE A STREET ADDRESS)	6163 MIAMI LAKES DR E
	MIAMI LAKES, FL 33014
Enter new mailing address, if applicable:	c/o EDWARD GARCIA INC
(Mailing address MAY BE A POST OFFICE BOX)	6163 MIAMI LAKES DR E
(Mading address MAT DE AT OST OFFICE DOA)	MIAMI LAKES, FL 33014
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our records, enter the name of the name.
New Registered Office Address:	Enter Florida street address
	City Florida Zip Gode C
New Registered Agent's Signature, if changing Registered Agent:	the second secon
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00