

Division of Corporations

Page 1 of 1

Please note that the original submission made on 10/21/2014, was not received, as per telephone conversation with one of your representatives earlier today.

We would appreciate your processing it with the original date of submission.

Thank you,

Panell Law Group
11/03/2014

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PANELL LAW GROUP, LLC
Account Number : I20130000088
Phone : (305) 513-8606
Fax Number : (305) 513-8605

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FAMWEALTH GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

14 NOV -3 AM 10:00
DIVISION OF CORPORATIONS
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INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

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850-817-8381

11/4/2014 8:53:20 AM PAGE 1/001 Fax Server



November 4, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAMWEALTH GROUP, LLC
2071 SW 139 CT
MIAMI, FL 33175

SUBJECT: FAMWEALTH GROUP, LLC
REF: L14000144424

2014 OCT 21 AM 8 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H14000246168
Letter Number: 514A00023503

RECEIVED
14 NOV -4 AM 10:00
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FAMWEALTH GROUP, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eli Panell, ESQ., CPA, CFP, LL.M.

Name of Person

PANELL LAW GROUP, LLC

Firm/Company

8750 NW 36th St, Suite 425

Address

Doral, FL 33178

City/State and Zip Code

eli@panell-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eli Panell, Esq., CPA, CFP, LL.M. at **(305) 513-8606**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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14 NOV -4 AM 10:00

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FAMWEALTH GROUP, 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 September 16, 2014 and assigned Florida document number L14000144424.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Eli Panell, ESQ., CPA, CFP, LL.M.

New Registered Office Address:

8750 NW 36th St, Suite 425

Enter Florida street address

Doral

Florida 33178

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

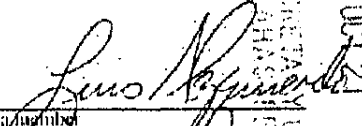
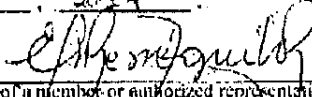
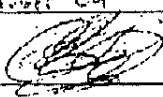
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eduardo Cruz Sr.	2071 SW 139 Ct, Miami, FL 33175	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	Luis Izquierdo Sr.	9860 SW 34 Terr, Miami, FL 33165	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Enzo Rene Aguilera	2071 SW 139 Ct, Miami, FL 33175	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Eduardo Cruz Sr.	2071 SW 139 Ct, Miami, FL 33175	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Luis Izquierdo Sr.	9860 SW 34 Terr, Miami, FL 33165	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 09, 2014



Signature of a member or authorized representative of a member

Enzo Rene Aguilera, Eduardo Cruz Sr., Luis Izquierdo Sr.

Typed or printed name of signee

2014 OCT 21 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA