

L150000013618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

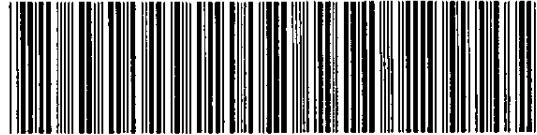
(Business Entity Name)

(Document Number)

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Y SULKER

Sinstate Research

Requester's Name

Address

City/State/Zip

Phone #

656-5454

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Ex pat Advisory USA, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☒ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
EXPAT ADVISORY USA, LLC
A Florida Limited Liability Company**

The Articles of Organization for this Professional Limited Liability Company were electronically filed on January 22, 2015 and assigned Florida document number L15000013618.

This amendment is submitted to amend the following [check all that apply]:



Amending name. The new name of this Limited Liability Company is:

LDN WEALTH, LLC

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



Amending registered agent and/or registered office address:

Name of New Registered Agent: _____
(must sign below)

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, Florida Statutes.

Signature of New Registered Agent

New Registered Office Address:

(Enter Florida street address)

(City)

_____, Florida

(Zip Code)

☐ Amending the Managers or Managing Members of record:

MGR = Manager (if manager managed)

MGRM = Managing Member (if member managed)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove

☐ Amending Other Information:

Effective date if different than the date of filing: _____
(Cannot be prior to date of filing or, if delayed, more than 90 days after amendment file date)

Dated: March 7, 2014

By: 
Hayley R. James-Gannon, Manager

16 APR 14 AM 8:55