

L15000013618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

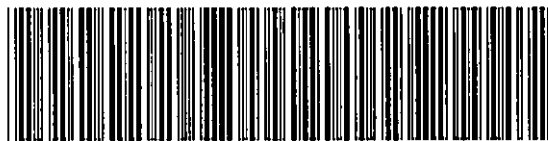
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 NOV 26 AM 11:22

JAN 07 2020  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LDN WEALTH LLC

\_\_\_\_\_  
Name of Limited Liability Company

RECEIVED  
DIVISION OF CORPORATIONS  
19 NOV 26 AM 11:22

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN BROCK-EDGAR

\_\_\_\_\_  
Name of Person

LDN WEALTH LLC

\_\_\_\_\_  
Firm/Company

7575 DR PHILLIPS BLVD, SUITE 275,

\_\_\_\_\_  
Address

ORLANDO, FLORIDA, 32819

\_\_\_\_\_  
City/State and Zip Code

JOHN@LDN-WEALTH.COM

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

For further information concerning this matter, please call:

LDN WEALTH

407

953-9034

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

LDN WEALTH LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
DIVISION OF CORPORATIONS  
19 NOV 26 AM 11:22

The Articles of Organization for this Limited Liability Company were filed on 01/22/2015 and assigned  
Florida document number L15000013618.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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:

New Registered Office Address:

*Enter Florida street 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	HAILEY JAMES-GANNON		<input type="checkbox"/> Add
		4700 MILLENIA BLVD, SUITE 175, ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN BROCK-EDGAR	2710 WILLOW DROP WAY OVIEDO, FL 32766	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 7th November 2019

Hailey James-Gannon

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**Filing Fee: \$25.00**