## 115000038474

(F	Requestor's Name)	
(/	Address)	
	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
Œ.	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	
<u> </u>		

Office Use Only



500321027875

11/26/18--01005--010 \*\*25.00

2018 NOV 26 PH 6: 15

C. GOLDEN DEC - 3 2013

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ACTOR.	0 CLUB LLC		
SOBIL	sc1:		ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		LEONEL MUNOZ		
			Name of Person	
		WEALTH 20 CLUB LLC	Name of Fernin	
			Firm/Company	
		594 LAMBTON LN		
			Address	
		NAPLES FL 34104		
		CGPSSERVICES@AOL.C	City/State and Zip Code OM	
		E-mail address: (	to be used for future annual report notific	cation)
For fur	ther information ed	oncerning this matter, please ca	all:	
LEON	EL MUNOZ		239 289-5437 at ()	
	Name of	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2	5.00 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

FILED

WEALTH 20 CLUB LLC

2018 NOV 26 PM 6: 15

(Name of the Limited (A	Liability Company as it now as Florida Limited Liability Compa	ppears on our records. any)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liab	oility Company were filed or	03/02/2015 n	and assigned
Florida document numberL15000038974	·		·
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability compan	ıy here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company,"	the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<del></del> _	
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
inding dadress part be A 1 OST OFFICE BO	<u></u>		
	<del></del>		
B. If amending the registered agent and/or		s on our records,	enter the name of the new
registered agent and/or the new registered office	ce address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street address	
			ida
	Ciŋ		Zip Code
New Registered Agent's Signature, if changing Reg	_		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the change in the region of the change in the region.	and complete performanc ered agent as provided for gistered office address, I h	e of my duties, and in Chapter 605, K	Vam∫amiliar with and S. Or, i∫this document is

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>	Type of Action
VP	VICTORIA E ECHEVERRI	3810 18TH AVE NE NAPLES FL 34120	■ Add
		<del>-</del>	- Add
			Remove
			☐ Change
<del></del>			
			☐ Remove
		<del>-</del>	☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
		<del></del>	Remove
			Change
			□ Add
			□ Remove
			Change
<del></del>			
		<del></del>	Remove
			Change

		· · · · · · · · · · · · · · · · · · ·
		<del></del>
<del></del>		
<del>-</del>		
		<del></del>
· · · · · · · · · · · · · · · · · · ·		
	11/19/2018	
ffective date, if other than the da	te of filing: specific and cannot be prior to date of filing or more that	(optional)
lote: If the date inserted in this block ocument's effective date on the Department	does not meet the applicable statutory filing requ	uirements, this date will not be listed as
e record specifies a delayed e The 90th day after the record	fective date, but not an effective time,	, at 12:01 a.m. on the earlier of
ated November 19th	. 2018	
<u> </u>		
วเก	nature of a member or authorized representative of a n	nember
PRESIDENT	MUNOZ, LEONEL	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00