45000100152

(R	equestor's Name)	·
(A	ddress)	<u></u>
(A	ddress)	
(0	ity/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	·)
(D	ocument Number)	
Certified Copies	Certificates c	of Status
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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

FILED

NESS GENTLE

COVER LETTER

	ealth Strategies LLC		
SUBJECT:	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subnutered to the concerning this matter to		
	Rochelle Friedman Walk		
	<u> </u>	Name of Person	
	Walk Law Firm, PA		
		Firm/Company	<u> </u>
	102 W. Whiting St. Ste. 502	2	
		Address	
	Tampa, FL 33602		
		City/State and Zip Code	- · ·
	admin@walklawfirm.com	o be used for future annual report notifica	tion) —
For further information of	oncerning this matter, please ca	·	
Rochelle Friedman Walk		813 999-0199 at ()	AHASS SHOPE TO THE PROPERTY OF
Name o	f Person		elephone Number
Enclosed is a check for th	ne following amount:		U: 47
\$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)

Registration Section

Division of Corporations

TO:

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

InvestPro Wealth Strategies LLC			
(Name of the Limited Lie (A Fig.	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number L15000100152	ty Company were filed on 06/0	8/2015	and assigned
This amendment is submitted to amend the following	· v:		
A. If amending name, enter the new name of the		<u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	5383 Pri	mrose Lake Circle Ste I	3
(Principal office address MUST BE A STREET AI	ODRESS) Tampa,	FL 33647	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>	2	5383 Primrose Lake Ci	rcle Ste B
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on address here:	our records, ener	2
Name of New Registered Agent:	BIJAN	MO HIE	7.45 7.45
New Registered Office Address:		OSE LAKE CICC da street address	le Ste B
_	Tampa	, Florida	33647 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.

MChanging 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>	Address	Type of Action
MGR	Bijan Mohseni	5383 Primrose Lake Circle Ste B	■ Add
		Tampa, FL 33647	□ Remove
			Change
 	- 1		
			🗆 Remove
			□ Change
			Add
			□ Remove
		·	Change
			2015 AUG Remove
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			☐ Remove
			☐ Change

Business Planning Group	8139776443	p.6
y other information, enter change(s) here: (A	ttach additional sheets, if necessary.)
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if other than the date of filing:	(optional)	
is listed, the date must be specific and cannot be prior to da	te of filing or more than 90 days after filing.)	Pursuant to 605.0
ctive date on the Department of State's records,	statutory firming requirements, this date t	ATH BOLDE HELET
cifies a delayed effective date, but not an	effective time, at 12:01 a.m. o	on the earlier
y arter the record is filed.		
2015		
5		
Byan Muhjen	representative of a member	
	if other than the date of filing: is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable stive date on the Department of State's records. cifies a delayed effective date, but not any after the record is filed.	y other information, enter change(s) here: (Attach additional sheets, if necessary, or necessary), and the information, enter change(s) here: (Attach additional sheets, if necessary), and the change of the change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00