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COVER LETTER

	gistration Se vision of Cor								
SUBJECT:	FORZA WEALTH MANAGEMENT, LLC								
SOBJECT:		Name of Lim	ited Liability Company						
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.						
Please return	all correspo	ndence concerning this matter	to the following:						
		MICHAEL E. DEMASSA							
			Name of Person						
		FORZA WEALTH MANA	AGEMENT, LLC						
			Firm/Company						
		6910 SCRUB JAY DR							
			Address						
		SARASOTA, FL 34241							
			City/State and Zip Code						
		MDEMASSA@COMCAST							
		E-mail address: (to be used for future annual report notific	cation)					
For further is	nformation co	oncerning this matter, please ca	all:						
MICHAEL	E. DEMASS	A	941 313-1306 at ()						
· ·	Name of	Person	Area Code Daytime	Telephone Number					
Enclosed is	a check for th	e following amount:							
□ \$25.00 I	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

FORZA WEALTH MANAGEME	ENT, LLC							
(Name of the Limi	ited Liability Compa (A Florida Limited l	ny as it now appears on our records liability Company)	<u>s.</u>)					
The Articles of Organization for this Limited Elorida document number L15000102090	Liability Company	were filed on 6/11/2015	and assigned					
his amendment is submitted to amend the fol	lowing:							
A. If amending name, enter the new name of	of the limited liab	ility company here:						
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."					
Inter new principal offices address, if appli	cable:	6910 SCRUB JAY DR						
Principal office address MUST BE A STRE		SARASOTA, FL 34241						
inter new mailing address, if applicable:		6910 SCRUB JAY DR						
Mailing address MAY BE A POST OFFICE	BOX)	SARASOTA, FL 34241						
			100					
			## P					
 If amending the registered agent and egistered agent and/or the new registered of 			, enter the name of the ne					
Name of New Registered Agent:	MICHAEL E.	DEMASSA	70 A					
New Registered Office Address:	6910 SCRUB J	AY DR						
		Enter Florida street address	,					
	SARASOTA	Tot -	مهند.					

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	GEOFFREY WOMELDORPH	8632 STATE ROAD 70 EAST	
		BRADENTON, FL 34202	■ Remove
			☐ Change
MGR	MICHAEL E. DEMASSA	6910 SCRUB JAY DR	■ Add
		SARASOTA, FL 34241	Remove
			□ Change
			☐ Remove
			Change
			□ Remove
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			Change
			Add
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	specifies a d h day after t			ite, but	not an	effective	e time,	at 12:0	1 a.m	on the	e earli	er
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Filing Fee: \$25.00