L15000155788

# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GLOBAL ONE ACCOUNTING LLC
Account Number : I20180000044
Phone : (407)989-1519
Fax Number : (407)386-8080

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## MAM WEALTH MANAGEMENT LLC

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $30.00 |

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# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: MAM WEALTH MANAGEMENT LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ATAIDE, DEBORA
Name of Person

GLOBAL ONE ACCOUNTING LLC
Firm/Company

7065 WESTPOINTE BLVD, 102
Address

ORLANDO, FL 32835
City/State and Zip Code

DEBORA@GLOBALONEACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEBORA ATAIDE at (407) 919-9250
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

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H18000347393

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

MAM WEALTH MANAGEMENT LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/14/2015 and assigned Florida document number L15000155788.

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 "L.L.C." or the abbreviation "L.L.C."

**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)*

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**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: RAMOS, PABLO A N

New Registered Office Address: 7065 WESTPOINTE BLVD, 102
*Enter Florida street address*

ORLANDO, Florida 32835
*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



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**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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| MBR | G2B BUSINESS CORP | 7065 WESTPOINTE BLVD .102 | ☐ Add |
| | | ORLANDO, FL 32835 | ■ Remove |
| | | | ☐ Change |
| MBR | BRS ADMINISTRATIVE SERVICE LTD | TRIDENT CHAMBERS | ☐ Add |
| | | P.O BOX 146 | ■ Remove |
| | | ROAD TOWN, TR 00000 BV | ☐ Change |
| AMBR | DE ATAIDE, THIAGO | 7065 WESTPOINTE BLVD .102 | ☐ Add |
| | | ORLANDO, FL 32835 | ■ Remove |
| | | | ☐ Change |
| MBR | BRSHLD BRS HOLDING, UNIPESSOAL LDA | RUA CASTILHO, 39, 8 E LISBOA | ■ Add |
| | | SANTO ANTONIO | ☐ Remove |
| | | LISBOA, PT 1250068 | ☐ Change |
| MBR | RAMOS, PABLO A N | 7065 WESTPOINTE BLVD. 102 | ■ Add |
| | | ORLANDO, FL 32835 | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (5)(b)
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/04/2018

Signature of a member or authorized representative of a member

PABLO A N RAMOS

Typed or printed name of signee



**Filing Fee: $25.00**

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