L15 000 156217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900279692879

12/07/15--01037--016 **30.00

FILED
15 DEC -7 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 08 2015

J SHIVERS

Jackson Law Offices, P.C.

922 Stevens Creek Road, Suite J
Augusta, Georgia 30907

Stanley G. Jackson
Mailing address:
321 ½ Newberry Street, SW
Aiken, South Carolina 29801
Tel. (803) 643-1003
Fax (803) 753-0021

M. Austin Jackson,
Attorney at Law, LLC

Tel. (706) 724-2661
Fax (706) 243-4646

December 4, 2015

Registration Section Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Asset Protection Investments, LLC amendment to change name to Global Wealth Preservation LLC Document number: L15000156217

Dear Sir or Mdm.:

Enclosed please find articles of amendment to change name above-referenced together with a check in the amount of $30 for a filing fee and a certificate of the status. For your convenience, enclosed is a self-addressed and stamped return envelope. Please return the certificate of the status change to me. Thank you for your service in this matter.

With kind regards,

Yours very truly,

Stanley G. Jackson

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Asset Protection Investments, 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:

Stanley G Jackson
Name of Person

Jackson Law Offices, PC
Firm/Company

321 Newberry St. SW.
Address

Aiken, SC 29801
City/State and Zip Code

Stan@stanjackson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley G Jackson at (803) 643-1003
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

Asset Protection Investments, 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 September 14, 2015 and assigned Florida document number L15000156217.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Global Wealth Preservation, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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)

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*

15 DEC -7 AM 8:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

Title	**Name**	**Address**	**Type of Action**
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change
______	______________________	________________________________	☐ Add
		________________________________	☐ Remove
		________________________________	☐ Change

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

15 DEC -7 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (3)(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 December 4th, 2015.

Signature of a member or authorized representative of a member

Stanley G Jackson, MGR

Typed or printed name of signee

Filing Fee: $25.00