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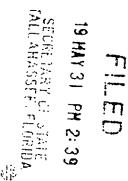
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wealth Planning and Design 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:
MARK CLARK Name of Person
Wealth Planning and Design LLC
6230 University Pinkway Svile 305
Savasola FL 31740 City/State and Zip Code
B-mail address: (to be used for future annual report houseaston)
For further information concerning this matter, please call:
Mark Clark Name of Person at (941) 866-14/14 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

(Name of the Limited I (A	Liability Compan Florida Limited Li	y as it now appears lability Company)	on our records.)			
The Articles of Organization for this Limited Liab		were filed on <u>//</u>	1/23/2015	an	d assig	ned
This amendment is submitted to amend the following	ing:					
A. If amending name, <u>enter the new name of th</u>	e limited liabil	lity company he	<u>re</u> :			
The new name must be distinguishable and contain the word	s "Limited Liabilii	ty Company," the de	signation "LLC" or th	ne abbreviatio	on "L.L.	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				35 TA	19	
			<u>-</u>	H S	MA	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>				ARY DES	31 PH 2	II ED
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B. If amending the registered agent and/or registered agent and/or the new registered office	• • • • • • • • • • • • • • • • • • • •			•	<u>ime of</u>	the n
Name of New Registered Agent:	MARK	CLARK				
New Registered Office Address:	6230 Un	<u>iversit j Park</u> Enter Flori	da street address	305		
-	Saruso	i fa City	Florida	347	2 4 0 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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f an effective Note: If th	date, if other than to date is listed, the date in this	must be specific block does n	c and cannot be of meet the a	pplicable statu			iling.) Pursuan		
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Dated <u>M</u>	104 28 th	,	<u> 201</u>	9					
		A /// Signature o	CluM of a member or	authorized repo	esentative of a m	ember			

Page 3 of 3

Filing Fee: \$25.00