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SECRETARY OF STATE
TALL ARKS STATE OF STATE

LEB 23 2016 J. HARRIS

COVER LETTER

TO:	Registration Sec Division of Cor			
		. WEALTH ADVISER LL	_C	
SUBJ	JECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspon	ndence concerning this matter t	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
		-	Firm/Company	•
		134 VINTAGE PARK	(BLVD A-50	
			Address	
		HOUSTON TX 7707	0	
		NOTARYPC@YAHC	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For fi	arther information co	oncerning this matter, please ca	all:	
MAI	RSHA SIHA		888 462-3453	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
= \$2	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

DIGITAL WEALTH ADVISER 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 and assigned Florida document number _____L16000022721 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DIGITAL WEALTH ADVISOR LLC The new name must be distinguishable and end with 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:

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

Enter Florida street address

Florida

Authorized Member being added or removed from our records:	amending the Managers or Authorized Member on our records, enter the title, name, and address of each Man	nager or
The state of the s	thorized Member being added or removed from our records:	

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action __ 🗆 Add _□ Remove □ Add _□ Remove □ Add □ Remove CHETABY OF STATE _GRemove R ယ္ _□ Add ___□ Remove _□ Remove

amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.
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ffective date if other than the date of filing.	(antional)
ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
FEBRUARY 11 2016	
Vonathan Bently	
Signature of a member or authorized repres	sentative of a member
JONATHAN BENTLEY - MEMBER	

Page 3 of 3

Filing Fee: \$25.00

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