

L16000083647

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

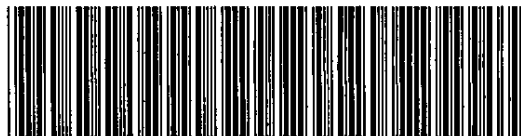
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Probate. Wills. Trusts. Planning.

610 S. Maitland Avenue
Maitland, Florida 32751

P 407.622.1900

F 407.622.1922

Mary Merrell Bailey, Esq., Partner
Hallie L. Zobel, Esq., Partner

May 20, 2016

State of Florida, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Cadwell Wealth Advisors LLC / Cadwell Wealth Asset Management LLC – Doc.
#L16000083647

Dear Sir or Madam:

Please be advised that this firm represents Scott E. Cadwell and Amy R. O. Cadwell who are the managers of the above-referenced limited liability company.

Enclosed please find the following documents for amending the articles of organization for the company:

1. Original Cover Letter
2. Original Articles of Amendment to Articles of Organization
3. Check in the amount of \$60.00 representing the filing fee, Certificate of Status and Certified copy

Please file the Amendment to be effective upon filing and return the certified copy of the Amendment and the Certificate of Status to us in the envelope provided.

Should you have any questions concerning this matter, please feel free to contact me or my paralegal, Janet M. Scott, at your convenience. Thank you for your attention to this matter.

Sincerely,
YOUR CARING LAW FIRM


Mary Merrell Bailey

MMB/jms
Enclosures

cc: Scott E. Cadwell and Amy R. O. Cadwell

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cadwell Wealth Advisors 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:

Mary Merrell Bailey, Esq.

Name of Person

Your Caring Law Firm PLC

Firm/Company

610 S. Maitland Avenue

Address

Maitland, Florida 32751

City/State and Zip Code

Amy.Cadwell@CadwellWealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Merrell Bailey

at (407) 622-1900

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**

Cadwell Wealth Advisors 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 April 25, 2016 and assigned Florida document number L16000083647.

This amendment is submitted to amend the following:

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

Cadwell Wealth Asset Management 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)

500 Celebration Avenue

Celebration, Florida 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 Celebration Avenue

Celebration, Florida 34747

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

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, 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRET
16 MAY 23 AM 11:57
FLORIDA
TALLAHASSEE
SECRETARY OF STATE

FILED
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LEGISLATIVE COUNCIL
TALLAHASSEE, FLORIDA

FILED
MAY 23 AM 11:57
RECORDS & COMM. DIVISION
TALLAHASSEE, FLORIDA

(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.

Dated May 17, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee