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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	09/28/1601018003 **25.00
rtified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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	SEP 3 0 2016

			COVER LETTER		
	istration Sec ision of Cor				
SUBJECT.	GENERAL	WEALTH PORTFOLO 4 LL	С		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		My Corporation Business	Services, Inc.		
		, , , ,	Name of Person		
			Firm/Company		
-	23586 Calabasas Road, Suite 102				
			Address		
		Calabasas, CA 91302		·	
		processing@mycorporation	City/State and Zip Code .com to be used for future annual report noti	ALLAN	-71
For further in	formation co	oncerning this matter, please ca		28 28 28 28 28	ILED
My Corpora	tion Business	s Services, Inc.	877 672-6772 at ()	PH 12:	U
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	ïling 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)	
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations bx 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERAL WEALTH PORTFOLIO 4 LLC (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ______ 08/23/2016 ______ and assigned

Florida document number L16000157502

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 "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 8470 Enterprise Circle, Suite #322

Lakewood Ranch

Sarasota, FL 34202

8470 Enterprise Circle, Suite #322

Lakewood Ranch

Sarasota, FL 34202

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: $\Box \circ = \Xi$

•		EB	5	
Name of New Registered Agent:		LAIN	SEF	-11
New Registered Office Address:			28	
	Enter Florida street address		32	5
	, Florida,	27.00	5	
	Chi	- Sâ	ŐÖ	

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

.

MGR = Manager · · AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	SAMPSON, MARTIN	8470 Enterprises Circle, Suite #322	🗆 Add
		Lakewood Ranch	Remove
		Sarasola, FL 34202	Change
AMBR	COLWELL, RICHARD	8470 Enterprises Circle, Suite #322	🗆 Add
		Lakewood Ranch	Remove
		Sarasota, FL 34202	Change
•			D Add
			🗌 Remove
			Change
Manufal States and an affect of the states			Add
			Remove
<u>_</u>			
			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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		and the standard and the standard standard standard standard standard standard standard standard standard stand	
E. Effec (If an e	:five date, if other than the date of filing: (optional ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or more than 90 days aft	i l) ng.) Pursuant to 605.02	207 (3)(b)
<u>Note</u>	: If the date inserted in this block does not meet the applicable statutory filing requirements, this da	te will not be listed	as the
doeu	ment's effective date on the Department of State's records.		
Tf tha -	provid constitute a delayed offective data that and the state of the time at 12,01 and	an the anylige	<u>.</u>
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed.	i. on the earlier	01:
. ,	n = n = n = n		
Date	LOF 2016 SAR 1		
Dage		TAL SE	
	VED F		
	Signature of a member or authorized representative of a member	E P	<u>1</u> j
	Martin Sampson, AMBR		
	Typed or printed name of signee		
		FLONDA	
	Page 3 of 3	s≕ s	



Filing Fee: \$25.00

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