L16000163413

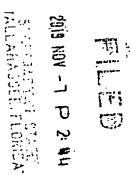
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

SUBJECT:	N	ited Liability Company	
	Name of Lim	nted Liaouity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Celine J Pastore		
		Name of Person	
	Simple Path Retirement, L	I.C	
		Firm/Company	
	1951 Nebraska Ave		
		Address	
	Palm Harbor FL 34683		
	ceo@simplepathretirement	City/State and Zip Code	
	, ,	to be used for future annual report notif	ication)
or further information co	oncerning this matter, please c	all:	
Celine J Pastore		727 304-6000 at ()	
Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	oe following amount:		
	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
325.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Simple Path Wealth Management, 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 $\frac{08/31/2016}{}$ Florida document number L16000163413 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SimplePath Wealth 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) 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

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>	Address	Type of Action
AMBR	Celine J Pastore	1951 Nebraska Ave, Palm Harbor FL 34683	
			■ Remove
			Change
AMBR	Simple Path Retirement, LLC	1951 Nebraska Ave, Palm Harbor FL 34683	B Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			□ Change
			Remove
			Change
			Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- <u></u>
. Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated Nowher 3 2019 Signature of a phember or authorized representative of a member
Celine J pastore Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00