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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	,
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Special Instructions to Filing Officer:	
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APR 12 2017 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

SUBJECT: DLD SCHOOL WEALTH MANAGEMENT, 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:		
SCOTT ALTSCHUL		
Name of Person		
OLD SCHOOL WEALTH MANAGEMENT, LLC Firm/Company		
Firm/Company		
1319 CAMELLIA CIRCLE Address		
Address		
WESTON, FL 33326 City/State and Zip Code SCOTT. ALTSCHUL® GNAIL. COM	. پېسم	TAIS
City/State and Zip Code	37	CE.
SCOTT. ALTSCHULE GNAIL. COM	23	ZZ.
E-mail address: (to be used for future annual report notification)	,	
For further information concerning this matter, please call:	3	- 1795 - 270
SCOTT ALTSCHUL at 954 816-1440	t: 02	ORIO
Name of Person Area Code Daytime Telephone Number	. •	>

Enclosed is a check for the following amount:

Registration Section

Division of Corporations

TO:

\$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) 5

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 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 12/15/2016 and assigned Florida document number L 16000 22672/

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 "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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Zip Code

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

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
4MBR	ScOTT ALTSCHUL	1319 CAMELLIA CIR WESTEN,	FL 33326 1974dd
	·	• •	Remove
			Change
MGR	SCOTT ALTSCHOL	1319 CAMELLIA CIA WESTON, FL	3332.6 027.dd
			Remove TARETAR
			Add PH CORIDA
			Change
			Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00