

L16000226721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

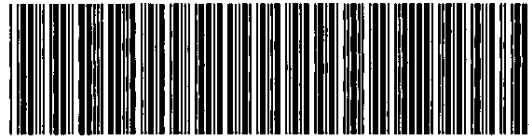
(Business Entity Name)

(Document Number)

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APR 12 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 11 PM 4:02

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD 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
1319 CAMELLIA CIRCLE
Address
WESTON, FL 33326
City/State and Zip Code
SCOTT.ALTSCHUL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT ALTSCHUL at (954) 816-1440
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

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OLD SCHOOL WEALTH MANAGEMENT, LLC

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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

Title	Name	Address	Type of Action
AMBR	SCOTT ALTSCHUL	1319 CAMELLIA CIR WESTON, FL 33326	<input checked="" type="checkbox"/> Add

			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	SCOTT ALTSCHUL	1319 CAMELLIA C/A WESTON, FL 33326	<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 6, 2017

Lead pen

Signature of a member or authorized representative of a member

SCOTT ALTSCHUL

Typed or printed name of signee