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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Vealth Insurance Solutions, LL	ited Liability Company	
	Name of Line	ней Бавику Сопрацу	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bruce M. Weinstein		
		Name of Person	
	Weinstein Wealth Insurance	ce Solutions, LLC	
		Firm/Company	
	8951 Morgan Landing Wa	у	
		Address	
	Boynton Beach, FL 33473	}	
		City/State and Zip Code	
	Bruce@weinsteinwealth.co		
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	all:	
Bruce M. Weinstein		732 407-8063	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WeinsteinWealth Insurance Solutions, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as It now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company villarida document number L17000057428	vere filed on 03/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Sell Our Services, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		A
		17
		<i>''</i> '' ≥ '
		AH II:
Enter new mailing address, if applicable:		<u>- 5: </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		name of the new register
	Enter Florida street address	
	, Florida	ı
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office of	performance of my duties, and I covided for in Chapter 605, F.S.	am familiar with and Or, if this document is

company has been notified in writing of this change.

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>	Name	Address	Type of Action			
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•			□Remove			
			□Change			
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fective date, if other than the da n effective date is listed, the date must b	ite of filing:	t he prior to date.	of filing or more t	option (option	i al) ling) Purrus	ant to 605	ะควก
ote: If the date inserted in this block	t does not meet th	ie applicable sta	tutory filing red	quirements, this o	late will no	ot he liste	ed a
cument's effective date on the Depa	rtment of State's	records.					
ecord specifies a delayed effective d	ate. but not an eff	ective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th	day after	r the
is filed.						-	
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