## L17000122611

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
		}

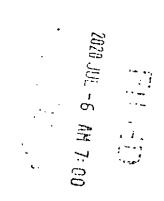
Office Use Only



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AUG 1 8 2020 S. YOUNG

## **COVER LETTER**

SUBJECT:	VIM-CORE HEALTH	I ESSENTIALS LLC		
SOBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
		Monique Williams		
		Name of Person		
	KOMP WEALTH ACADEMY LLC			
		Firm/Company		
	369	0 W. GANDY BLVD #404		
		Address		
		TAMPA, FL 33611		
		City/State and Zip Code		
		nolawilliams@gmail.com to be used for future annual report notil	ication)	
For further information of	concerning this matter, please ca	-	·	
Monique Williams		786 286 - 9946 at ()	i	
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIM-CORE HEALTH	ESSENTIALS LLC		
(Name of the Limited Liability Compa (A Florida Limited)	<u> </u>		
The Articles of Organization for this Limited Liability Company Florida document numberL17000122611	06.05.2017		
This amendment is submitted to amend the following:	0		
A. If amending name, enter the new name of the limited liab	ility company here:		
KOMP WEALTH ACADEMY LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	401 East Jackson Street Suite 2340		
(Principal office address MUST BE A STREET ADDRESS)			
	Tampa, FL 33602		
Enter new mailing address, if applicable:	3690 W. Gandy Blvd		
(Mailing address MAY BE A POST OFFICE BOX)	#404		
	Tampa, FL 33611		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>		
Name of New Registered Agent: Not Applica	able		
New Registered Office Address:	Enter Florida street address		
<del>_</del>	, Florida		
	City Zip Code		
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 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Monique Williams	3690 W. Gandy Blvd #404 Tampa, FL 33611	🗆 Add
			□Remove
			Change
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		st be specific and c	annot be prior to t		(option than 90 days after fi	r <b>al)</b> ling.) Pursuant to 605.02 late will not be listed
n effective da <u>te:</u> If the d	late inserted in this b Tective date on the D		ite's records.			
n effective da te: If the de cument's effected specified	fective date on the D	Department of Sta		, at 12:01 a.m. on 1	he earlier of: (b)	The 90th day after th
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n effective da te: If the de- cument's effected ecord specifies is filed.	Tective date on the D	Department of Sta	n effective time	, at 12:01 a.m. on 1	he earlier of: (b)	The 90th day after th
n effective da ote: If the d cument's el	Tective date on the D	Department of Sta	n effective time	, at 12:01 a.m. on t		The 90th day after th