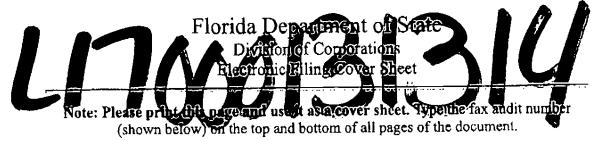
Division of Corporations



(((H21000067191 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ATLANTIC WEALTH PARTNERS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

<u>&</u>

FEB 10 000

77.

Electronic Filing Menu Corporate Filing Menu

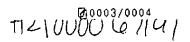
T. :Help::::(

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC WEALTH PARTNERS, L.L.			
(Name of the Limited Liah (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 06/15/2017	and assi	gned
Florida document number L17000131314			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	1 cr	ne of the nev	revister
B. If amending the registered agent and/or register agent and/or the new registered office address here	e:	<u> </u>	T OF ISO
	-	, -	
Name of New Registered Agent:	·	<u> </u>	t
	•	co	
New Registered Office Address:	Enter Florida street address		;)
	, 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>Title</u>	Name	Address	Type of Action
MGR	STO-MANAGEMENT, L.L.C.	1245 COURT STREET	⊟Add
		CLEARWATER, FL 33756	□Remove
			Change
MGR STEVE OLSON	STEVE OLSON	759 PARKWAY STREET	□Add
		SUITE 201	■Rcmovc
	JUPITER, FL 33477	Change	
		DAdd	
		Псточе	
			□Remove
			☐ Change
			(Add
	·	□Remove	
			☐ Change
			□Add
			□Remove
			□ Change

II dine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
-	
-	
-	
_	
_	
_	
-	
-	
-	
Note:	ive date, if other than the date of filing: [cetive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
he reco ord is f	rd 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 led.
Dated	ald Same
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00