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(Re	questor's Name)	
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8ECRETARY OF STATE
ALLAHASSEE OF GOIDA

K. SALY MAR 11 2018

COVER LETTER

Division of Corp			
YOU GET I	PAID LLC		
Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARIE B. CODE, ESQ.		
		Name of Person	
	MARIE B. CODE, ESQ.,	P.L.	
		Firm/Company	
	1308 SW 27TH TERRAC	Е	
	 	Address	
	CAPE CORAL, FLORIDA	A 33914	
	- 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 	City/State and Zip Code	
	MARIE@MARIEESQUIR		
For further information co	e-mail address: (to be used for future annual report notifi all:	cation)
MARIE B. CODE		239 829.0063 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 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

18 _/	FIL	ED
	1187 00	PM 3: 44
) 747	53EE, F	STATE

YOU GET PAID LLC

(A Florida 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 JULY 25, 2017 and assigned

Florida document number L17000158674

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WEALTH BUILDING TECHNOLOGIES LLC

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:

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:

		Florida
New Registered Office Address:	Enter Florida street ado	dress
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 Changing Registered Agent, Signature of New Registered Agent

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 = M $AMBR = A$	lanager uthorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address	FILED 18 MAR -9 PM 3: 44 SECRETARY OF STATE IALLAHASSEE, FLORIDA	Type of Action
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ective date, if other than the date of filing:	prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the ap	pplicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's rec	ords.
record specifies a delayed effective date, but	t not an effective time, at 12:01 a.m. on the earlier
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Typed or printed name of signee

Filing Fee: \$25.00