

L170019825

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TAX HOUSE LLP
Account Number : 120150000069
Phone : (954)482-5000
Fax Number : (954)241-5600

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

Email Address: state@taxhouse.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LYDDA WEALTH PLANNING SOLUTIONS LLC

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TAX HOUSE FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 NOV -1 P 1:54

LYDDA WEALTH PLANNING SOLUTIONS LLC

(Name of the 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 08/22/2017 and assigned
Florida document number: L17000179825

This amendment is submitted to amend the following:

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

FIDGEN WEALTH PLANNING SOLUTIONS 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:

(Principal office address MUST BE A STREET ADDRESS)

355 Alhambra Circle

Suite 1550

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

355 Alhambra Circle

Suite 1550

Coral Gables, FL 33134

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:

Name of New Registered Agent:

TAX HOUSE CORPORATION

New Registered Office Address:

1100 SOUTH FEDERAL HWY

Enter Florida street address

DEERFIELD BEACH

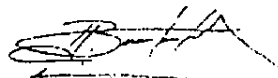
Florida 33441

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 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 = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FABIO PEREIRA RODRIGUEZ	355 Alhambra Circle	<input type="checkbox"/> Add
		Suite 1550	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change
AMBR	ALEXANDRO RODRIGUEZ FERRARESI	355 Alhambra Circle	<input type="checkbox"/> Add
		Suite 1550	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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Dated OCTOBER 25TH, 2019



Signature of a member or authorized representative of a member

ALEXANDRO RODRIGUEZ FERRARESI
Typed or printed name of signee