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| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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COVER LETTER

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| | egistration Sec Division of Corp | | | |
| | Multigen W | ealth, LIC | | |
| SUBJECT | Γ: | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please rett | arn all correspor | ndence concerning this matter | to the following: | |
| | | Matthew Ladyman | | |
| | | | Name of Person | |
| | | Nishad Khan, PL | | |
| | | | Firm/Company | |
| | | 617 E. Colonial Dr. | | |
| | | | Address | |
| | | Orlando, FL 32803 | N. (Care 12) (Cal. | |
| | | matthew@nishadkhanlaw.c | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For furthe | r information co | neerning this matter, please c | all: | |
| Matthew | Ladyman | | 407 228-9711 at () | |
| | Name of | Person | Area Code Daytin | ne Telephone Number |
| Enclosed i | is a check for the | e following amount: | | |
| ■ \$25.00 | 0 Filing Fee | □ \$30.00 Filing Fee & Écrtificate 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 | | ation Section n of Corporations ix 6327 | STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3 | on orations enter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED

PALLAHASSEE. FLORIDA

MULTIGEN WEÄLTH, 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 11/16/17 and assigned Florida document number 117000237080 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6900 TAVISTOCK LAKES BLVD. Enter new principal offices address, if applicable: STE, 400 (Principal office address MUST BE A STREET ADDRESS) ORLANDO, FL 32827 6900 TAVISTOCK LAKES BLVD. Enter new mailing address, if applicable: STE, 400 (Mailing address MAY BE A PÖST OFFICE BOX) ORLANDO, FL 32827 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: New Registered Office Address: Enter Florida street address ., Florida _

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.

City

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> | Address | Type of Action |
|--------------|---------------|-----------------------------|------------------|
| MGR | Rene Gonzalez | 6900 Tavistock Lakes Blvd., | |
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| | | Orlando, FL 32827 | ■ Change |
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| f an c | ffective 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 605.02 |
| | | block does not meet the applicable statutory filing requirements, this date will not be listed be Department of State's records. |
| a | nent s encente date on t | |
| ne re | ecord specifies a dela | ayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| | e 90th day after the | |
| | | |
| Dated | December 11 | . 2017 |
| | | |
| | <u>-</u> | |
| | | Signature of a member or authorized representative of a member |
| | Nishad Khan | |
| | | i de la companya de |
| | | Typed or printed name of signee |

Filing Fee: \$25.00