117000238152

(Request	ors Name)
(Address))
(Address)	
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(Business	s Entity Name)
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COVER LETTER

	Registration Se Division of Cor			
ellb le <i>c</i>		REET LLC		
SUBJEC	.I: <u></u>	Name of Lim	ited Liability Company	
The encid	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Dessiree Troncoso		
			Name of Person	
		Wealth Sponge		
			Firm/Company	
		127 W Fairbanks Ave # 28	K1	
			Address	
		Winter Park Fl 32789		
		wealthsponge@gmail.com		
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please co	all;	
Dessiree	Troncoso		407 6559117 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Inclosed	is a check for th	ne following amount:		
1 \$25. 0	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

TO:

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

NE 9TH STREET 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 11/17/2017 and assigned Florida document number L17000238152 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wealth Lifestyle LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 127 W Fairbanks Are #281 Enter new principal offices address, if applicable: Winter Pack, FL 32789 (Principal office address MUST BE A STREET ADDRESS) n/a Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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>	Address	Type of Action
			Add
			□ Remove
			Change
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			Change
			□ Remove
			Change

	n/a
	01/12/2010
ec	tive date, if other than the date of filing: (optional)
te:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) 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 t
cur	nent's effective date on the Department of State's records.
re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: • 90th day after the record is filed.
	(80) January 12
tec	$\mathcal{O}(1)$
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	Signature of a member or authorized representative of a member
	Signature of a filefible of annotized tenresentance of a member
	Signature of a member of authorized representative of a member

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Filing Fee: \$25.00