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TO:	Registration S Division of Co			İ
SUBJI	7 / TT	anagement Advisers, LLC		,
SUBJI	ECT:	Name of Lim	ited Liability Company	
				1
The en	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Mark LaFlamme		,
			Name of Person	
		MESE & Associates, LLC		
			Firm/Company	
		120 S Woodland Blvd Sui	te 207	
			Address	
		Del.and, FL 32720		
			City/State and Zip Code	
		Mark.LaFlamme@Outlook		<u>'</u>
For fur	ther information	E-mail address: (concerning this matter, please co	to be used for future annual report notificational:	on)
	LaFlamme		386 216-3113	}
	Name	of Person	at () Area Code Daytime Tele	phone Number
Enclos	ed is a check for	the following amount:		·
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (udditional copy is enclosed)
	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wealth Management Advisers, LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	10000000000000000000000000000000000000
MESE & Associates, LLC		
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		LLC" or the abbreviation "L.L.C."
		6. 0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office address Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:	Enter Florida street ad	ldress
		Florida
New Registered Agent's Signature, if changing Registered	City	Zip Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and caccept the obligations of my position as registered agheing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. Complete performance of my duties yent as provided for in Chapter 60	and I am familiar with and 55, F.S. Or, if this document is

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Change
			Add
			□ Change
			D Add C
			□ Add Remove
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			Add
			☐ Remove
			Change
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	+1/30/2017	
Tective date, if other that an effective date is listed, the da	te must be specific and cannot be prior to date of filing o	(optional) r more than 90 days after filing.) Pursuant to 605.020
	his block does not meet the applicable statutory fi the Department of State's records.	ling requirements, this date will not be listed a
	,	
record specifies a de	layed effective date, but not an effective	e time, at 12:01 a.m. on the earlier $lpha$
The 90th day after the	e record is filed.	
, 1/5	2018	
ated		
Mark	L. F. Hannel	
Miller	Signature of a member or authorized representat	ive of a member
		,
Mark LaFlamme		

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Filing Fee: \$25.00