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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, ELP

Account Number : I20140000065

Phone : (305)371-5758

Fax Number

: (305)371-3178

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

Email	Address:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ONE WEALTH INSURANCE BROKERAGE SERVICES, LTC

Certificate of Status	0
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Ta.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE WEALTH INSURANCE BROKERAGE SERV	TCES, LLC			
(<u>Name of the Limited Liability Compr</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>1.18000125090</u>	were filed on 05/18/2018	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
ONE WEALTH, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1200 N Federal Hwy, Suite 300			
(Principal office address MUST BE A STREET ADDRESS)	Buca Raton, FL 33432			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	1200 N Federal Hwy, Suite 300 Boca Raton, FL 33432			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	me of the new regist		
	, Florida	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

To.

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	LINN, JORDAN A	1200 N Federal Hwy, Suite 300	🗆 Add
		Boca Raton, FL 33432	□ Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
		.	□Remove
			□Change
			□Add
			□ Remove
			□Change

Frosti: Claudia *

Fax: +13053418918

To:

Fax. -18506176383

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If amending any other information			· , y ··- , ··· , ··	
				
				
				
				
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			1.11	
Effective date, if other than the d If an effective date is fisted, the date must b Note: If the date inserted in this bloe document's effective date on the Dep	e specific and cannot be prior k does not meet the applic	r to date of filing or more rable statutory filing r		
e record specifies a delayed effective ord is filed.	late, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 90	Ith day after the
Dated August 13th	. 2024			
	jordan Lin	n	a member	
	gnueric of a member of auth	orized representative of	а петрег	
Jordan A. Linn		ed name of signee		