L18000179992

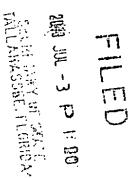
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COUNTY IN TAXABLE XVIII AND TAXABLE TA

COVER LETTER

	gistration Se vision of Cor			
cum ucer.		WEALTH BENEFIT SOLUT	TONS, LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		JEREMY STRAUB		
			Name of Person	
			Firm/Company	
		3291-3297 E Oakland Parl	Address k Blyd	
			City/State and Zip Code	
		Fort Lauderdale, Florida 33 E-mail address: (to be used for future annual report noti-	fication)
For further	information co	oncerning this matter, please co	all:	
Jeremy Stra			610 6574154	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
linclosed is	a check for th	ne following amount:		
\$25.00	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 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

FILED

COASTAL WEALTH BENEFIT SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.) - 3 P 1: 20

The Articles of Organization for this Limited Liability Company Florida document number 1.18000179992	were filed on 07/26/2018 TRE	TARY OF STATE MASSEE FL and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.IC."	
Enter new principal offices address, if applicable:	3291-3297 E Oakland Park B	lvd	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33308		
Enter new mailing address, if applicable:	3291-3297 E Oakland Park B	lvd	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 3330	08	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ls, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	258	
 	F	lorida	
New Registered Agent's Signature, if changing Registered Agent:	(iiv	z.p Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and	

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
		<u> </u>	□ Remove
			Change
			Remove
		 	Change
			☐ Remove
			☐ Change
			□ Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			□ Change

				
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ctive date, if other than the effective date is listed, the date must	date of filing:		(optional)	
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot be prior ick does not meet the applic:	to date of filing or more th able statutory filing requ	in 90 days after filing.) Pursuant t tirements, this date will not be	o 605.01 e listed
ament's effective date on the De				
ecord specifies a delayed		t an effective time,	at 12:01 a.m. on the e	arlier
ne 90th day after the reco	na is mea.			
June, 24	2019			
ed		·		
	Signature of a member or autho	orized representative of a r	æmber	_

Page 3 of 3

Filing Fee: \$25.00