## 118000216865

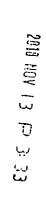
(Requestor's Name)
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## COVER LETTER

	istration Secti ision of Corp			
		LTHSOLUTIONS, L	LC	
SUBJECT:		Name of Limite	ed Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please returr	all correspon	dence concerning this matter to	o the following:	
		THANH	BINH TRAN	
			Name of Person	
			Firm/Company	
		2101 VISTA PARKWAY STE 261		
	WEST PALM BEACH FL 33411			
		E-mail address: (1	City/State and Zip Code UTIONS@OUTLOOK.  o be used for future annual report notified.	.COM
For further		oncerning this matter, please ca	455.01	<b>51</b> 5
	JAMIE N	HU TRAN (Person	at () 455-65 Area Code Daytim	e Telephone Number
Enclosed is		ne following amount:  \$30.00 Filing Fee &  Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE:

USWEALTHSOLUTIONS,  (Name of the Limited Liability Company as i	LLC 2012 NGV 13 = 3: 33 y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L1800021685</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
Desired to the second to the s	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:  1 hereby accept the appointment as registered agent and agree to	o get in this capacity. I further garee to comply with

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

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>	Name	Address	Type of Action
AMBR	HOANG H TRAN	2101 VISTA PARKWAY STE 261 WEST PALM BEACH FL 33411	Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			O Add
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`an effective Sote: If th	ate, if other than the date of filing:  11/09/2018  (optional)  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 6 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifeffective date on the Department of State's records.	05.02 sted
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier
The 90t	h day after the record is filed.	
Dated	11/05/2018	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00