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Special Instructions to	Filing Officer:	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Document Number) Certified Copies Certificates of State Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Corp		•	
etin n		AL WEALTH LABS LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		ANDRES HURTADO		
		-	Name of Person	
		PRODEZK INC		
			Firm/Company	
		5040 NW 7TH ST SUITE	705	
			Address	
		MIAMI, FL, 33126		
		INFO@PRODEZK.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
ANDR	ES HURTADO		305 2606854 at ()	
	Name of	Person	Area Code Daytimo	e Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2:	5.00 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

MILLENNIAL WEALTH LABS LLO		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab	pility Company were filed on 10/30/2018	and assigned
lorida document number L18000254764		
his amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of t	he limited liability company here:	
		5 10
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	re embreviation "L.L.C."
inter new principal offices address, if applicat	ole:	ン 🗂 💮 💳
Principal office address MUST BE A STREET	ADDRESS)	SST O T
		''' <u> </u>
inter new mailing address, if applicable:		In 32
Mailing address MAY BE A POST OFFICE BO	OX)	•
s. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, <u>en</u> ce address here:	ter the name of the ne
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	1
	Cin'	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 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	<u>Address</u>	Type of Action
MGR	YOHANNA R RIETVELDT	11403 NW 89TH ST APT 110	
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