118000276448

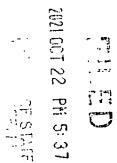
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A. BUTLER NOV 0 2 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gardens Wealth Management, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:
Michael Cowan Name of Person
Gardens Wealth Management
3825 PGA Boulevard, Svite 601.
Palm Beach Gardens FL 33410 City/State and Zip Code M. COWANGO W. F. a. Finet. Com E-mail address: (19) 10 - 22 d for future annual report notification)
For further information concerning this matter, please call:
Andrea Alvarez at (561) 472-8478 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gardens Wealth Ma	magement LLC2 PH 5: 37
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $11/29/2018$ and assigned
Florida document number <u>L18000276448</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	3825 PGA Boulevard, Suite 601
(Principal office address MUST BE A STREET ADDRESS)	Palm Beach Gardens, FL 33410
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			JAdd
			∃Remove
			□Change
			□Remove
			□Change
			∏Add
			□Remove
			IChange
			⊐Add
			IRemove
			⊒Change
			□Add
			□Remove
			IChange
			
			IRemove
			Tt hange

	
(If an effecti - <u>Note:</u> If I	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	10-01 000/
Dated	1- 1
Dated	Mi Chael Cowan Typed or printed name of signee

Filing Fee: \$25.00