

L19000001063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

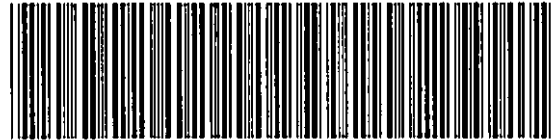
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500363521805

04/12/21--01023--001 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR 12 AM 11:59

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eulette Edwards Financial Management LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eulette C. Edwards

Name of Person

Firm/Company

9210 NW 31st Place

Address

Sunrise, FL 33351

City/State and Zip Code

Eulette@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eulette C. Edwards

954

643-9185

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Eulette Edwards Financial Management LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/27/2018 and assigned
Florida document number L19000001063

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

All Wealth Financial Management Group, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," 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 address 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2021 APR 12 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 APR 12 AM 11:59
JUD. DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 APR 12 AM 11:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

(If an effective 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(15.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

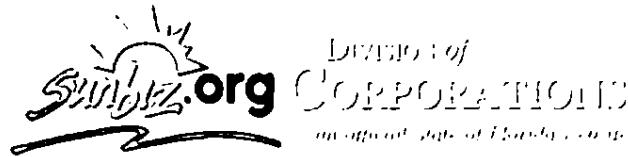
Dated April 9th 2021

Eulette Edwards

Signature of a member or authorized representative of a member

Enlette C. Edwards

Typed or printed name of signee



Department of State / Division of Corporations / Search Records / Search by Officer/Registered Agent Name /

Detail by Officer/Registered Agent Name

Florida Limited Liability Company

EULETTE EDWARDS FINANCIAL MANAGEMENT, LLC

Filing Information

Document Number L19000001063

FEI/EIN Number 85-0893583

Date Filed 12/27/2018

Effective Date 01/01/2019

State FL

Status ACTIVE

Last Event LC NAME CHANGE

Event Date Filed 08/03/2020

Event Effective Date NONE

Principal Address

9210 NW 31ST PLACE

SUNRISE, FL 33351

Mailing Address

9210 NW 31ST PLACE

SUNRISE, FL 33351

Registered Agent Name & Address

EDWARDS, EULETTE C

9210 NW 31ST PLACE

SUNRISE, FL 33351

Authorized Person(s) Detail

Name & Address

Title MGR

EDWARDS, EULETTE C

9210 NW 31ST PLACE

SUNRISE, FL 33351

Annual Reports

Report Year Filed Date

2020 02/27/2020

Document Images

← change EIN to 86-2448256

New EIN

Date of this notice: 03-05-2021

Employer Identification Number:
86-2448256

Form: SS-4

Number of this notice: CP 575 G

ALL WEALTH FINANCIAL MANAGEMENT
GROUP
ALL WEALTH FINANCIAL MANAGEMENT GRO
& EULETTE C EDWARDS SOLE MBR
9210 NW 31ST PL
SUNRISE, FL 33351

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 86-2448256. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ALLW. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

575G

. 03-05-2021 ALLW O 9999999999 SS-4

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999999

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 03-05-2021
EMPLOYER IDENTIFICATION NUMBER: 86-2448256
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

ALL WEALTH FINANCIAL MANAGEMENT
GROUP
ALL WEALTH FINANCIAL MANAGEMENT GRO
% EULETTE C EDWARDS SOLE MBR
9210 NW 31ST PL
SUNRISE, FL 33351