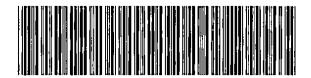
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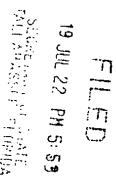
(Re	equestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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III. 8 (FITT)

SCHROEDER

COVER LETTER

TO:	Registration Section Division of Corporations	_	
SUBJE	· ·	PARTNERS L	LC
	Name of Limited Lia	ability Company	
The end	osed Articles of Amendment and fee(s) are submitted	for filing.	
Please r	eturn all correspondence concerning this matter to the	following:	
	KEN.	BRYANT Name of Person	
	PARIL WE.	Arth PARTNERS	belc
	180 PARK	Address NORTH	, Suite at
	City Bryant E-mail address: (to be us	PARK FL 37 /State and Zip Code Dorkwealth- sed for future annual report notifical	Day thers. com
For furt	ner information concerning this matter, please call:	•	
	Name of Person	at (407) 347- Area Code Daytime Te	-/2-30 lephone Number
Enclose	⊬is a check for the following amount:		
₫ \$25	00 Filing Fee S30.00 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**

PARK WEALTH	PARTICAS	LLC	_		
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears on or Liability Company)	ir records.)			
The Articles of Organization for this Limited Liability Company Florida document number 4 19 0000 11956	were filed on	/19		and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or th	ne abbrevi	ation "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 of registered agent and/or the new registered office address here		records, <u>en</u>	ter the	name 9 JUL	of the no
Name of New Registered Agent:				<u> </u>	<u> </u>
New Registered Office Address:	Enter Florida stre		1 1 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5: 25 gr	
	City	, Florida		ip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>				

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 ad or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEANNETTE BYRD	180 PARK AVE NORTH	D Add
		Suite 24 WINTER PARK, FR 3272	Remove
		WINTER PARK, FL 3270	69 □ Change
			D Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
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Filing Fee: \$25.00