

L190000 88970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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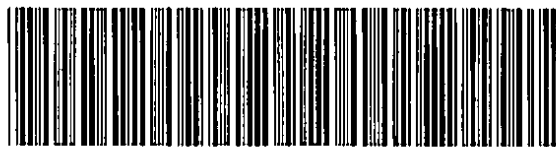
(Business Entity Name)

(Document Number)

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2019 MAY 13 AM 8:02

CLERK OF COURT

C. GOLDEN

MAY 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Excelerate Wealth LLC
Name of Limited Liability Company

(old address)
555 Madison Ave
5th floor
NY, NY 10022

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

Please return all correspondence concerning this matter to the following:

(New office address)
Shanice Ramirez
Name of Person
Excelerate Wealth LLC
Firm/Company
1968 S. Coast HWY #2436
Address
Laguna Beach, CA 92651
City/State and Zip Code
exceleratewealth@gmail.com
E-mail address: (to be used for future annual report notification)

(home address)
2107 Derringer Ct
Kissimmee, FL 34743

For further information concerning this matter, please call:

Shanice Ramirez
Name of Person
at (407) 729 4549
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 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

FILED

2019 MAY 13 AM 8:02

EXCELERATE WEALTH LLC

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

DEPT. OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 31, 2019 and assigned
Florida document number L19000088970

This amendment is submitted to amend the following:

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

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)

1968 S. Coast HWY #2436
Laguna Beach, CA 92651

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1968 S. Coast HWY #2436
Laguna Beach, CA 92651

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

City Florida 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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

only amending address change + company
phone number (800) 399-8709

E. Effective date, if other than the date of filing: as soon as possible (optional)

(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 605.0207 (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

May 6th, 2019

Signature of a member or authorized representative of a member

Shanice Ramirez

Typed or printed name of signee