L19000/07236

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COVER LETTER

Division of Co	rporations	•				
CLUB LE COP.	Planning LLC	,				
SUBJECT:Name of Limited Liability Company						
	Amendment and fee(s) are sub	-				
Please return all correspondence	ondence concerning this matter Alan Gilmore, Esq.	to the following:				
	The Gilmore Firm. LLC	Name of Person				
	Firm/Company 21 Route 31 North, Suite B5-A					
	Pennington, NJ 08534	Address				
	agilmore@gilmorefirm.com	City/State and Zip Code				
	E-mail address: ()	to be used for future annual report notif	leation)			
For further information of	concerning this matter, please ca	ill:				
Alan Gilmore, Esq		609 730-0100 at ()				
Name (d Person	Area Code Daytime	: Telephone Number			
Enclosed is a check for t	he 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:

TO:

Registration Section

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

Fiduciary Planning LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on April 22, 2019 and assigned
Florida document number L19000102236	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	
	28 Lt
Enter new mailing address, if applicable:	ma E
Mailing address MAY BE A POST OFFICE BOX)	0 0
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Cuy 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>	Type of Action
AMBR	Alan Gilmore	311 University Drive, Suite 404 Coral Springs, Florida 33065	□ Add
			≅ Remove
			☐ Change
AMBR	Thomas Schorn	1398 Wilmington Pike West Chester, PA 19382	
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change

		. <u></u>
		
Note: If the	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fit's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605,0207 (3)(billing requirements, this date will not be listed as the
	rd specifies a delayed effective date, but not an effectiv Oth day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated	ay 23 2019	
	Signature of a member or authorized representa	tive of a member
	Alan Gilmore, Esq.	
	Typed or printed name of signer	<u> </u>

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Filing Fee: \$25.00