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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
ATTENTIC Subject:	JM PRIVATE WEALTH LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JAMES E. BURGUND			
		Name of Person		
		Firm/Company	<u> </u>	
	4492 SW BRANCH TERF	RACE		
		Address	·	
	PALM CITY, FL 34990			
	james@swissam1.com	City/State and Zip Code		
	•	to be used for future annual	report notification)	
For further information c	oncerning this matter, please ca	all:		
JAMES BURGUND		772 708	3-6188	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of State	
Mailing Address		Street Ad		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATTENTIUM PRIVATE WEALTH 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 $\frac{07/25/2019}{1}$ _____ and assigned Florida document number L19000190660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ATTENTIUM 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 City 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>	Address	Type of Action
AMBR	JAMES E BURGUND	4492 SW BRANCH TERRACE W.	≅ Add
		PALM CITY,FL 34990	□Remove
			Change
MGR	RUDOLF BUCHER	4492 BRANCH TERRACE W.	□Add
		PALM CITY, FL 34990	
			□Change
MGR	FRIEDHELM B. SPIEKERMANN	4492 BRANCH TERRACE W.	□Adđ
		PALM CITY, FL 34990	■Remove
			□Change
			□Add
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ffective date, if other than the of an effective date is listed, the date must	date of filing:	to date of filing or more th	(optional)	august to 605 0707.
vote: If the date inserted in this blo	ock does not meet the applic	able statutory filing req	uirements, this date will	not be listed as t
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	effective date, but no ord is filed.	t an effective time,	. at 12:01 a.m. on t	he earlier of:
e record specifies a delayed The 90th day after the reco	ord is filed.	t an effective time,	, at 12:01 a.m. on t	he earlier of:
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e record specifies a delayed The 90th day after the reco	ord is filed.	·		he earlier of:

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Filing Fee: \$25.00