

L19000196660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

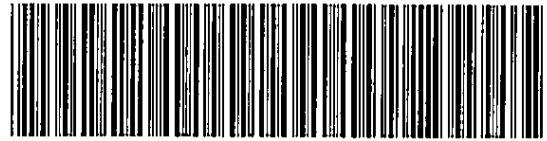
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/21--01027--050 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATTENTIUM PRIVATE WEALTH 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:

JAMES E. BURGUND

Name of Person

Firm/Company

4492 SW BRANCH TERRACE

Address

PALM CITY, FL 34990

City/State and Zip Code

james@swissaml.com

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

For further information concerning this matter, please call:

JAMES BURGUND

772 708-6188
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

ATTENTIUM PRIVATE WEALTH LLC

Page 1 of 3

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>
AMBR	JAMES E BURGUND	4492 SW BRANCH TERRACE W.	<input checked="" type="checkbox"/> Add
		PALM CITY, FL 34990	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUDOLF BUCHER	4492 BRANCH TERRACE W.	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRIEDHELM B. SPIEKERMANN	4492 BRANCH TERRACE W.	<input type="checkbox"/> Add
		PALM CITY, FL 34990	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

[illegible]


E. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated 01 APRIL 2021


Signature of a member or authorized representative of a member

JAMES E. BURGUND

Typed or printed name of signee