

L19000 210 993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

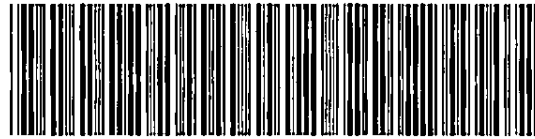
(Business Entity Name)

(Document Number)

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2019 OCT 18 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SULKER

NOV 06 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WEALTH INTEGRATION 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:

CHIRAWAT WITHANWATTANA

\_\_\_\_\_  
Name of Person

WEALTH INTEGRATION LLC

\_\_\_\_\_  
Firm/Company

16020 ARBOR VIEW BLVD, APT 126

\_\_\_\_\_  
Address

NAPLES, FL 34110

\_\_\_\_\_  
City/State and Zip Code

WEALTHINTEGRATIONLLC@GMAIL.COM

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

For further information concerning this matter, please call:

CHIRAWAT WITHANWATTANA

646 659-0951  
at ( )

\_\_\_\_\_  
Name of Person

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

## 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	PAKAPORN WITHANWATTANA	16020 ARBOR VIEW BLVD. APT 126. NAPLES, FL 34110	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

THE PURPOSE OF THE PROPOSED SOLE LLC IS THE OPERATION OF THE AMWAY IBO NO. 6367265

ONLY.

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.

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 October 12, 2019.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

CHIRAWAT WITHANWATTANA

\_\_\_\_\_  
Typed or printed name of signer