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COVER LETTER

	Registration Sec Division of Corp		•	
SUBJEC [*]		NTEGRATION LLC		
		Name of Limi	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		CHIRAWAT WITHANWA	ATTANA	•
		WEALTH INTEGRATION	Name of Person	
		WEALTH INTEGRATION		
		16020 ARBOR VIEW BLV	Firm/Company VD, APT 126	
			Address	
		NAPLES, FL 34110		
		WEALTHINTEGRATION	City/State and Zip Code LLC@GMAIL.COM	
		E-mail address: (t	o be used for future annual report notific	cation)
For furthe	r information co	oncerning this matter, please ca	ill:	
CHIRAW	AT WITHANW		646 659-0951 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
S25.00	0 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

WEALTH INTEGRATION LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number 1.19000210993	any were filed on AUG 19, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or t	he 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)		7.00 1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	l office address on our records, <u>er</u> nere:	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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	PAKAPORN WITHANWATTANA	16020 ARBOR VIEW BLVD, APT 126. NAPLES, FL 34110	■ Add
			□ Remove
			Change
			□ Remove
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T	HE PURPOSE PF THE PRO	POSED SOLE LLC IS THE OPERA	ATION OF THE AMWAY IBO NO. 6367265
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E. Effectiv	e date, if other than the	date of filing:	(optional)
Note: 1		ick does not meet the applicable statu	filing or more than 90 days after filing.) Pursuant to 605.0207 (story filing requirements, this date will not be listed as t
	ord specifies a delayed 90th day after the reco		ective time, at 12:01 a.m. on the earlier of:
Dated _	October 12	2019	
		α	
		Signature of a member or authorized repr	recentative of a manker

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00