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2019 SEP 12 PM 4: 39

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

MARVE SUBJECT:	L WEALTH MANAGEMENT L	LC	
SOBJECT.	Same of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Piease return all corres	spondence concerning this matter	to the following:	
	MATTHEW LAMB		
		Name of Person	
	354 POINT LOBOS DR	Firm/Company	
	SATELLITE BEACH, FL	Address 32937	
	 matthew.lamb@lpl.com	City/State and Zip Code	
For further information	E-mail address; (in concerning this matter, please ex	to be used for future annual report noti	fication)
Matthew Lamb	•	321 557-3890	
Nam	e of Person	at () Area Code Daytin:	e Telephone Number
Enclosed is a check fo	r 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)
Reg Divi	ILING ADDRESS: istration Section ision of Corporations Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	n

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARVEL WEALTH MANAGEMENT LLC

2019 STP 12 PH 4: 39

(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 Liab	oility Company were filed on $\frac{08/27}{1}$	/2019 and assigned	
Florida document number L19000218897			
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of the	ne limited liability company here	:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicab	de:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o	our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	ı street address	
	, Florida		
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change.	and complete performance of mered agent as provided for in Chagistered office address, I hereby	y duties, and I am familiar with and apter 605. F.S. Or, if this document is	

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	MATTHEW LAMB	354 POINT LOBOS DR	
		SATELLITE BEACH, FL 32937	
		CHANGE FROM CEO TO	□ Remove
		AMBR	
	ANDRES ALVAREZ	175 JABLO AVE	
AMBR			
		COCOA, FL 32927	
			Remove
		CHANGE FROM VP TO AMBR	Chann.
			□ Add
			☐ Remove
			Change
			□ Add
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E. Effective date, if other than the o	date of filing:		(optional)	
(If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applica	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pursuant to (irements, this date will not be l	505,0207 (3)(1 isted as the
If the record specifies a delayed (b) The 90th day after the reco		t an effective time,	at 12:01 a.m. on the ea	rlier of:
Dated SEPTEMBER 11	2019			
tute	rignature of a member or author			
	signature of a member or author	rized representative of a m	sember	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00