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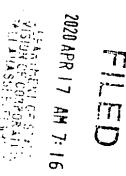
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APR 2 9 2020 S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

our leer		TH MANAGEMENT	
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:	
		SEAN SMIKLE	
		Name of Person	<del></del>
	SA	K WEALTH MANAGEMENT	
		Firm/Company	
		440 NE 4th Ave unit 501	
		Address	<del></del>
		Fort Lauderdale, FL 33301	
		City/State and Zip Code	
		sean.gw.smikle@gmail.com	
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
SEAN SMIKLE		404 781 - 375	i1 
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAK WEALTH	MANAGEMENT L	LC	020
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears liability Company)	on our records.)	1 T
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	December, 30th, 2019	Scand assigned
A. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :	Ū
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	eable: 440 NE 4th Ave unit 501		
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL		
	33301	<del>.</del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nar</u>	ne of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	4.	, Florida	
	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	Kyle Chalk	1120 Eddystone Ave Eddystone PA 19022 APT 111	<b>=</b> Add
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		<u></u>	□ Change
<u></u>			🗆 Add
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f amending any other information,	G \ /	•		
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ffective date, if other than the date	of filing:	3/21/2020	(optional)	
an effective date is listed, the date must be some of the date inserted in this block document's effective date on the Depart	oes not meet the applical	odate of filing or more the old statutory filing req	an 90 days after filing.) Pursuant to uirements, this date will not be	o 605.0207 ( e listed as t
record specifies a delayed effective dated is filed.	e, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th day	after the
Dated	5:00pm EST			
Sign	ature of a member or author	tized representative of a	nember	_
	SEAN SMIK	LE		
	Typed or printed			

Filing Fee: \$25.00