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#### **COVER LETTER**

то:		istration Sec ision of Corp		:	
SHR IE	~₁.	Princeton W	ealth Management Group, Ll	.C	
SUBJECT: Name of Limi				ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspon	ndence concerning this matter	to the following:	
			Christian C. Walters, Esq.		
				Name of Person	<del></del>
			Barry L. Miller, P.A.		
			·	Firm/Company	<del></del>
			11 N. Summerlin Ave., St	e. 100	
			<del>-</del>	Address	
			Orlando, Florida 32801		
				City/State and Zip Code	<del></del>
			pedro.marrero@engelvoelk		
			E-mail address: (	to be used for future annual report notificatio	n)
For furth	ner in	formation co	oncerning this matter, please c	all:	
Christia	n C.	Walters, Esq		407 581-2964 at ()	
		Name of	Person	Area Code Daytime Tele	phone Number
Enclosed	l is a	check for th	e following amount:		
<b>■ \$</b> 25.	.00 F	iling 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)
		ling Address gistration S		Street Address: Registration Section	
	Div	ision of Co	orporations	Division of Corpora	
		Box 6321		The Centre of Tallah	
	121	lahassee, F	L 32314	2415 N. Monroe Str	eet, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Princeton Capital Markets Advisors, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A i kinda isinined islaonny	Company /	
The Articles of Organization for this Limited I		iled on <u>3/26/2020</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability eq	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	<del></del>	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent.  Name of New Registered Agent:		s on our records, <u>enter th</u>	e name of the new registered
	11 N. Summerlin Ave.	Ste 100	
New Registered Office Address:		Enter Florida street address	
	Orlando	Flori	da
	Cia	, 1 1011 ty	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. Lhereby 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

### 2020 AUG 25 PH 4: 58

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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### Page 2 of 3

o. It amending any other information, end	ter change(s) here: (Attach additional sheets, if necessary.)  2020 AUG 25 PH 4: 58
<u> </u>	
<del> </del>	
Effective date, if other than the date of the (If an effective date is listed, the date must be specifically Note: If the date inserted in this block does a document's effective date on the Department	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( not meet the applicable statutory filing requirements, this date will not be listed as t
the record specifies a delayed effective) The 90th day after the record is file	ve date, but not an effective time, at $12:01\ a.m.$ on the earlier of: led.
Dated	2020
Signature	of a member or authorized representative of a member
Pedro Juan Marrero Astacio IV	
	Typed or printed name of ciones

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Filing Fee: \$25.00