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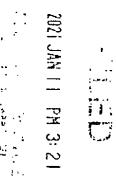
(Re	questor's Name)	
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations			
	Partners, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Matthew V LaPorta			
		Name of Person		
	WayMaker Partners, LLC			
		Firm/Company		
	14924 N. Rome Ave			
		Address		
	Tampa Florida 33613			
		City/State and Zip Code	·	
	LLWebgemz@gmail.com			
		to be used for future annual report noti	ification)	
for further information c	oncerning this matter, please c	all:		
Matt LaPorta		813 399-3258		
Name of Person		at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for th	ne 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 Addres	ς.	Street Address:		
Registration Section		Registration Se	ction	
Division of C	orporations	Division of Cor	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [ ] ] OF

2021 JAN 11 PH 3: 21

WayMaker Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.) [ 45, 27 (A Florida Limited Liability Company) . 4 4 55:

The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{05/22/2}{2}$	020 and assigned	
Florida document number <u>1.20000140162                                    </u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
LaPorta Advisory Group, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ition "LLC" or the abbreviation "L.L.C."	•
Enter new principal offices address, if applicable:	<del></del>		_
(Principal office address MUST BE A STREET ADDRES	<u> </u>		-
		<u> </u>	-
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			-
			-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new registe	<u>red</u>
Name of New Registered Agent:			-
New Registered Office Address:			
	Enter Florida st	reet address	•
		, Florida Zip Code	_
	City	Zip Code	
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered occumpany has been notified in writing of this change.	plete performance of my a it as provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is	the
Ī	f Changing Registered Agent, S	ignature of New Registered Agent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

•	 7****
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<u>Title</u>	<u>Name</u>	Address 2021 JAN 11 PM 3:21	Type of Action
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Typed or printed name of signee