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SECRETARY OF STATE
COMPONINTION

COVER LETTER

	stration Sec ion of Corp			, <u>,</u>	4	
		VEALTH STRA	TEGIES LLC			
SUBJECT: _			Name of Lim	ited Liability Company		
The enclosed .	Articles of a	Vinendment and	fee(s) are subj	mitted for filing.		
Please return a	ill correspor	ndence concerni	ing this matter	to the following:		
		Scott Steine				
				Name of Person		
		Steiner Law	Offices, PLLC	•		
				Firm Company		
		8131 Lakew	ood Main Stre	et, Suite M205		
				Address		
		Lakewood F	l lanch, Fl. 3420	02		
		 :		City State and Zip Co	de	
			attorney.com			
				o be used for future ann	ual report notifica	ttion)
For further inf	ormation co	ncerning this n	latter, please ca	all:		
Scott Steiner				94] at ()	907-0302	
	Name of	Person		Area Code	Daytime T	elephone Number
Enclosed is a c	theck for the	e following amo	bunt;			
□ \$25,00 Fil	ling Fee	□ \$30.00 Fi Certifica	ing Fee & te of Status	☐ \$55.00 Filing Fo Certified Copy (additional copy is		■ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed?
	ng Address stration S				<u>Address:</u> stration Section	on
		orporations		_	ion of Corpo	
	Box 6327				'entre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORCITE WEALTH STRATEGIES LLC

(Name of the Limited I	Jability Company as it now appears on our recording Limited Liability Company)	rds.)
(A)	Horida Limited Hability Company)	
The Articles of Organization for this Himited Liabi	lity Company were filed on 06:23:2020	and assigned
dorida document number 1.20000174408		
his amendment is submitted to amend the following	uń:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
STEINER WEALTH MANAGEMENT LLC		
he new name must be distinguishable and contain the words	s"Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	N)	
3. If amending the registered agent and/or regis		r the name of the new registe
gent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
_		Florida
	Cuy	Zip Code
<u>'ew Registered Agent's Signature, if changing Regi</u>	stered Agent:	
hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change.	ind complete performance of my duties, c ed agent as provided for in Chapter 605, stered office address, I hereby confirm to	and I am familiar with and . F.S. Or. if this document is
	If Changing Registered Agent, Signature	of New Registered Agent

 If amending or removed	g Authorized Person(s) from our records:	authorized to man	age, <u>enter the title, name, a</u>	nd address of each person being adde
MGR = N $AMBR = A$	lanager authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				□Add
				□Remove
				□Change
		-		□Add
				□Remove
				□ Change
				□Remove
				□Change
				□Remove
				□Change
				□Add
				□Remove
				JRemove

f an effect <u>Note:</u> If	the date inserted in this ble	date of filing:
record : d is filed		e date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	9-29-2022	
	Scott	Signature of a member or authorized representative of a member
	Scott Steiner	
		Eyped or printed name of signee