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TRANSCEND WEALTH MANAGEMENT, LLC

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COVER LETTER

Registration Section Division of Corporations

TO:

TRAŅSCE SUBJECT:	ND WEALTH MANAGEME	NT, LLC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TOMAS A. GONZALEZ	, JR ., ESQ.	
		Name of Person	
	TOMAS GONZALEZ LA	W, P.A.	
	***************************************	Firm/Company	
	PO BOX 934878		
	·	Address	
	MARGATE, FLORIDA 3	3093-4878	•••
	•	City/State and Zip Code	- ;
	sunbiz@tomasgonzalezlaw		7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	SSE A
TOMAS GONZALEZ		833 288-7878	AH 8: 41 SEE, FL
Name of	f Person	Area Code Daytim	e Telephone Number 1
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 Registration 5		Street Address: Registration Sec	ction
Division of C		Division of Cor	-
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document number L20000185367	Liability Company were filed on 07	/09/2020	and assigned
s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: adding address MAY BE A POST OFFICE BOX)			
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" anter new principal offices address, if applicable: **Trincipal office address MUST BE A STREET ADDRESS** Inter new mailing address, if applicable: **Initing address MAY BE A POST OFFICE BOX** If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: TOMAS GONZALEZ LAW, P.A. TOMAS GONZALEZ			
Florida document number L20000185367 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of The new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 3730 COCONUT CREEK PKWY STE 120			
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREA	ET ADDRESS)		
			*** ***1
		··· .	:
nter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	BOX)	(V)	
		(n)	£ -4-7
		,	₽-
		ecords, <u>enter the name</u>	of the new register
Name of New Registered Agent:	TOMAS GONZALEZ LAW, P.A	ı. 	
New Registered Office Address:	3730 COCONUT CREEK PKWY	STE 120	
	Enter Flor	rida street address	
	COCONUT CREEK	Florida <u>3306</u>	6
	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 Charlet (95, 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
MGR	CRISTINA B MENDEZ	10720 SW 135TH TERRACE	□Add
		MIAMI, FL 33176	■Remove
	Noel Mendez & Cristina Mendez,		□Change
MBR	CO-TRUSTEES, MENDEZ-PEREZ LIVING TRUST, U/D/T, 07/15/24	10720 SW 135TH TERRACE	= Add
		MIAMI, FL 33176	□Remove
			□Change
			□Remove
			☐ Change
			AH CREMOVE
			□ Change
			□Add
			□Remove
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			Remove
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ecord specifies a delay is filed.	red effective date, l	but not an e	ffective time.	, at 12:01 a.r	n, on the ea	rlier of: (l) The	90th da	y after th
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