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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Generational Wea	atth Financial Services LLC imited Liability Company
The enclosed Articles of Amendment and fee(s) are s Please return all correspondence concerning this matt	
Beol	Pit Josile Name of Person
Generationa	1 wealth Financial service;
1001 215	Address Address Address
Ven beach	112 70 120
Info (19wca)	City/State and Zip Code Hhhrancials (Com :: (to be used for future annual report notification)
For further information concerning this matter, please	call:
Beothie Isue Name of Person	at (772) 80 3220 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee. FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Tuly 16 2020 and assigned Florida document number <u>L2000207044</u> 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: Enter Florida street address

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 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

Title	Name	Address	Type of Action
			□Add
			□ Remove
			□ Change
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			□Remove
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ective date, if other than the date of filing:	the applicable statute	ing or more than 90 days after	ional) or filing.) Pursuant to 605.0 is date will not be listed
ecord specifies a delayed effective date, but not an elestical section of the sec	effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after t
ed 01 september	<u> 2020</u> .		
Tooth I Day	—	71.1.1	
Signature of a memb	per or authorized repres	entative of a member	

Filing Fee: \$25.00