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S. PRATHER

## **COVER LETTER**

TO: Registration Solution of Col			
SUBJECT: ()	Hal Family	Wealth AND	say LC
		ited Liability Company	/
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pichord	Bkckwell	
	Ric Blac	Name of Person	4
		Firm Company	
	10600 Che	woled way, S	He 2/2
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	Estero, FL	3392F	
	rice richla	City/State and Zip Code	n
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please or	• 7-	27/1
Name o	f Person	$\frac{259}{\text{Area Code}} \frac{240 - 7}{\text{Daytime}}$	e Telephone Number
Enclosed is a check for t	he 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** Limited Liability Company as it now appears on our records (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/-2Florida document number <u>L</u> 2000 372507 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 "L.L.C." 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.

City

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>	Address	Type of Action
16f	Michael Caliberte	To SW 35th Place	
	4 Christine Caliberte	901 SW 38th Place Cape Coval, FL 32991	/_ □Remove
	2022		□ Change
*			□Add
		<del> </del>	□Remove
	. 1 () //		□ Change
AMBR	Misty Wallace	PO BOX 2912 Fowa City, IA 52249	Xadd
		Jowa City, IA 52244	□Remove
<b>A</b>		1 01	□Change
Am Bk	Michael Caliberte	4015W 38th Dhee	□Add
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