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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT:	UNDATION	WEALTH C	APITAL LLC		
SUBJECT: FOUNDATION WEALTH CAPITAL LLC Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ondence concerning this matter to	the following:			
	Andhony - L	ーでいる コーマイ・ Name of Person	Sine		
		EWIS JERDI Firm/Company			
	555 WASH	TOGTON ANE. Address	SUITE 235		
	MIAMI BEN	Ctd FL 33 City/State and Zip Code	13 H		
	Cjでものの公司する E-mail address: (to	On Deのはかずいらから be used for future annual report no	TOUP CONT		
For further information co	oncerning this matter, please call				
Andhony-Low	15 Jerobine	at (3(0)			
/ Name of	f Person	Area Code Dayti	me 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 Address Registration S Division of C	Section orporations	Street Address: Registration S Division of Co	orporations		
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC -6 PM 1: 19

SECRETARY OF STATE
FOUNDATEON WEALTH CAPITAL, LITALIAHASSEE, FL

(Name of the 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 O+107/2021 and assigned Florida document number 1 2100161300 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: ANTHONY LEWIS JERDINE TRUST Name of New Registered Agent: 555 Washington Avenue 50:40 235
Enter Florida street address New Registered Office Address: Miami Beach, Florida 33139

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 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>	Name	Address	Type of Action
MGR	CORNELIU HATEGAN	555 Washington Avenue	
		Suite 235	□Remove
		Miami Beach FL 33139	□Change
AMBR	LARRY G PATGE	555 Washington Avenue	_ ⊠∧dd
		Suite 235	□Remove
		Miam. Beach, FL 33139	□Change
AMBR	LUIS CENTENO	698 NE 1st Avenue	□Add
		Suite 3004	
		Miami, FL 33132	□Change
AMBR	Anthony-Lowis Terchine	698 NE 150 AVEILUE	□Add
	,	Suite 3004	□Remove
		Miam, FL 33132	\\Change
AMBR_	MICHAEL RESPERT	648 NE 1st Avenue	
		Suite 3004	□Remove
		Man, FL 33132	□Change
			□Add
			□Remove
			□ Change