

L21000225201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

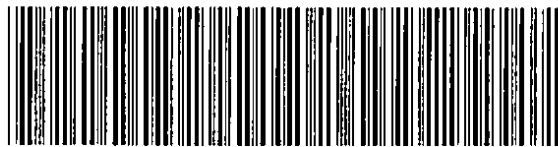
(Document Number)

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2023 AUG 24 PM 12:58  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2023

RICHARD L. BARTHOLOMEW II  
822 A1A N SUITE 310  
PONTE VEDRA BEACH, FL 32082

SUBJECT: WEALTHCARE PRIVATE CLIENT, LLC  
Ref. Number: L21000225201

*Please see attached  
Correct form.  
Thank you!*

We have received your document for WEALTHCARE PRIVATE CLIENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 823A00018358

*10-11*  
AUG 24 2023

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wealthcare Private Client, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard L. Bartholomew II

Name of Person

Wealthcare Private Client, LLC

Firm/Company

822 A1A North, Suite 310

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

rick@wealthcarepc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard L Bartholomew II

904 834-1062  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

*\* already  
submitted check  
for \$35*

**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**

FILED

Wealthcare Private Client, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 AUG 24 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/14/2021 and assigned  
Florida document number L21000225201.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

822 A1A North

Suite 310

Ponte Vedra Beach, FL 32082

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

822 A1A North

Suite 310

Ponte Vedra Beach, FL 32082

**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:

822 A1A North Suite 310

*Enter Florida street address*

Ponte Vedra Beach

*City*

Florida 32082

*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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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2023 AUG 24 PM 12:58  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 21, 2023

Richard L. Batten

Signature of a member or authorized representative of a member

Richard L. Bartholomew II

Typed or printed name of signee