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7/20/2)





COVER LETTER

то:	Registration Sec Division of Corp		.•		-
SUBJË		l Wealth Management LLC			
300312	CI	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		Carlos F. Osorio			
			Name of Person		_
		Osorio Internacional, P.A.			
			Firm/Company		-
		175 S.W. 7TH STREET, S	Ste 1900		
			Address		_
		Miami FL 33130			
		COSORIO@OSORIOINT.	City/State and Zip Code		-
		E-mail address: (to be used for future annual report	notification)	
For furt	her information co	oncerning this matter, please c	all:		
Carlos I	F. Osorio		305 900-410.		
	Name of	Person	Area Code Da	ytime Telephone Numbe	er
Enclose	d is a check for th	e following amount:			
■ \$ 25	6.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Mailing Address	<u>:</u>	Street Address	<u>s:</u>	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

IBEX Digital Wealth Management LLC (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 June 10, 2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a 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: أغيرما (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 City

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alvaro J. Sol	175 SW 7TH STREET	≣Add
		MIAMI FL 33130	□Remove
			□Change
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