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Special Instructions to Fi	ling Officer:	
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Office Use Only

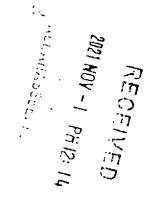


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Amend

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

### **WALK IN**

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#### **COVER LETTER**

TO:					
CHD IE/		is Selling Systems LLC			
SUBJEC		Name of Lin	nited Liability Compan	у	···
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Anglis Selling Systems LLC  Name of Limited Liability Company  Cles of Amendment and fee(s) are submitted for filing.  Department of Person Series of Amendment and fee(s) are submitted for filing.  Department of Person Series of Person Series of Address Firm/Company  2100 Ponce De Leon Blvd, Suite 1090 Address  Coral Gables, FL 33134 City/State and Zip Code brian@g4rmg.com  E-mail address: (to be used for future annual report notification)  attion concerning this matter, please call:  yan 562 755-0296 Area Code Daytime Telephone Number  k for the following amount:  Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Address:  tion Section Section Private Address:  The Centre of Tallahassee			
			Name of Perso	n	
		John Anglis Selling Syst	ems		
		<del></del>	Firm/Compan	·	<del></del>
		2100 Ponce De Leon Bi	vd, Suite 1090		
			Address		
		Coral Gables, FL 33134			
		Name of Limited Liability Company  Sicles of Amendment and Re(s) are submitted for filing.  Sorrespondence concerning this matter to the following:  Brian Kaskavalciyan  Name of Person  John Anglis Selling Systems  Firm/Company  2100 Ponce De Leon Blvd, Suite 1090  Address  Coral Gables, FL 33134  City/State and Zip Code  brian@g4mg.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  sigan  562  Area Code  Daytime Telephone Number  Set for the following amount:  Fee  \$\int \$30.00 \text{ Filing Fee & S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Address:  \$\frac{\text{Street Address:}}{\text{Registration Section}} \text{Registration Section} \text{Division of Corporations} D			
	Brian Kaskavalciyan    Name of Person	ion)			
For furth	er information c	oncerning this matter, please c	all:		
Brian Ka	askavalciyan			755-0296	
	Name o	f Person		Daytime Te	lephone Number
Enclosed	l is a check for th	he following amount:			
<b>\$25.</b>	00 Filing Fee		Certified Cop	y	Certificate of Status & Certified Copy
					un.
	Inserting the content of the following amount:    Name of Person				
			The	Centre of Talla	ahassee
	Tallahassee, I	FL 32314	241	<ol> <li>N. Monroe St</li> </ol>	treet, Suite 810

Tallahassee. FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

John Anglis Selling Systems LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Companification for the Limited Liability Companification for the Landscape of Companification of Companification for the Landscape of Companification for the Limited Liability Companification for the Liability Compa	y were filed on 07/02/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		
		1
		— —
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<b>-</b>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	F	
	Enter Florida street ad	1dress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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

Title Name Address  MGR The Wealthy Inc.  MGR The Wealthy Contractor Inc. 2100 Ponce De Leon Blvd, Suite 1090  Coral Gables, FL 33134	Type of Action		
MGR	The Wealthy Inc.		□Add
			■Remove
			□Change
MGR	The Wealthy Contractor Inc.	2100 Ponce De Leon Blvd, Suite 1090	■Add
		Coral Gables, FL 33134	□Remove
			□ Change
			🗆 Add
			□Remove
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Effective date, If an effective date	if other the is listed, the i	an the date o	f filing: ific and cann	ot be prior to	date of filing o	or more than 90	(optional) days after tiling	.) Pursuant to 605	0207
Note: If the date document's effective and the document of the date of the dat	e inserted in	this block doc	s not meet t	he applicab	le statutory f	iling requirer	nents, this date	will not be list	ed as
document's circ	aive date of	и ше тъератине	ni oi State	s records.					
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rd is filed.	, a delayed (	meense date, t	out not an e	ricetive titis	., at 12.01 a.	m. on the ear	ilet or. (b) 11	ic 90m gay arter	1 tile
		- 11							
October : Dated	29 	_\\\_	20	21 <del>-</del>					
		MMKA	WI/						
		Signatu	re of a memb	er or authori:	ed representa	tive of a memb	er .		
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Filing Fee: \$25.00