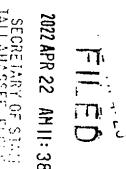
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Credit Solution & Wealth Services 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:
Kartere Marrero Name of Person
Finn/Company
511 Ronald Reagen Akuy, #=233
CityState and Zip Code Katenemare of esamail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) S31-S103 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) 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

RECEIVED

FLORIDA DEPARTMENT OF STATE 2022 APR 22 AM 8: 05 Division of Corporations

SEORE AHASSEE, FL

October 21, 2021

KARLENE MARRERO 14001 WALDEN SHEFFIELD RD DOVER, FL 33527 US

Re: Document Number L21000368834

The Articles of Amendment to the Articles of Organization for CREDIT SOLUTION & WEALTH SERVICES LLC which changed its name to LK WEALTH SERVICES LLC, a Florida limited liability company, were filed on October 12, 2021.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Jasmine N Horne Regulatory Specialist II Division of Corporations

Letter Number: 021A00025671

DO DOV COOF Wallaharras Florida 39314

Good Moning!

I spoke with you to correct the issue with the name charge.

I was told to send in the amendment for again. Without payment broauhit has already been paid for.

The comet name is: LK Wealth Services LLC

correct address is: 511 Ronald Reagan Pkmy, #233 Lougnman, FL 33853

813-531-5103 Karten Marin A Winson

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Florida document number <u>L 210036883.4</u> This amendment is submitted to amend the following:	were filed on Oct 21, 2i	and assigned FIL SECREIAI FALLAHAS
A. If amending name, enter the new name of the limited liabi	lity company here:	SECTION
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguished by	VIUS LLC	the abbreviation "I.C."
The new name must be distinguishable and contain the words. Elimited Clabin	ty company, the designation bive or	မ
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 a agent and/or the new registered office address here:		ragan Pkw H2 FL 33858 name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of mv duties, and L	am familiar with and

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Remove
			Change
			□Remove
			Change
			□Add
			Remove
			Change
			Change
			□Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
-	
-	
(If an effection Note: If	e date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th d.
Dated _	ppil 19 . 2022.
	With the second
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00