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Y. SCOTT OCT 15 2023

COVER LETTER

	egistration Section ivision of Corporations	e
	Dan Roth IIC	
SUBJEC	Name of Limited Liability Company	
The enclo	ed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	rn all correspondence concerning this matter to the following:	· · · · · · · · · · · · · · · · · · ·
	Dan Roth	SECRE I
	Name of Person Pan Roth LLC Firm/Company	FILED 3. FARY OF STATE CORPORATE -3 PM 3:
	16026 72ND Drive N	TE HOMS
	Palm Beach Gardens, FL 33418 City/State and Zip Code	
	Rothland Comcastinet E-mail address: (to be used for future annual report notification)	
For furthe	Dan Roth Name of Person Name of Person	
1.7	s a check for the following amount: Filing Fee \$\square\$ \$\$\$30.00 Filing Fee & \$\square\$ \$\$\$\$55.00 Filing Fee & \$\square\$ \$\$\$\$\$\$\$\$\$\$\$60.00 Filing	
, \	(additional copy is enclosed) Certified C	of Status & lopy opy is enclosed)
	Iailing Address: Legistration Section Registration Section Division of Corporations Division of Corporations	
1	Division of Corporations One Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 819	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dan Roth L	LC
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on $\frac{1-\lambda 1-\lambda 2}{57}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim Roth Wealth The new name must be distinguishable and contain the words "Lin	mited liability company here: Management LLC mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	\$ECR DIVISID 2023 OC
(Muiling address MAY BE A POST OFFICE BOX)	7 75 → 75
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the may registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City 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 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
			Remove
			□ Change
			□Remove
			□ Change
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			OIVISION OF COMPORATIONS
			□Remove
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ctive date, if otl	her than the date	of filing:		(option:	al)
e: If the date insc	erted in this block do	pecific and cannot be prior oes not meet the applic	able statutory filing	e than 90 days after fili requirements, this da	ing.) Pursuant to 605.020 ate will not be listed a
ament's effective	date on the Departr	ment of State's records.		•	
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filed.	nayed effective date	, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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:d <u>Oc</u> +	7-1-	VB			
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