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COVER LETTER

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CHBIECT.	Wealthy Be			
SUBJECT:	-	Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Fabrizio Lengua		
			Name of Person	
		ZenBusiness INC.		
			Firm/Company	
		5511 Parkerest Dr. Suite 1	0.3	
			Address	
		Austin, TX 78731		
		*·	City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address; (to be used for future annual report	notification)
For further in	formation co	oncerning this matter, please c	all:	
Fabrizio Len	gua	_	512 237-734	9
	Name of	Person		vtime Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
Mailing Address:		Street Address	-	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	. Box 632			of Tallahassee
Tall	ahassee, F	FL 32314	2415 N. Mor	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

Wealthy Beliefs LLC	2022 MAR 28 PM 2: 3.1	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company) SEORFTARY OF STATE	
The Articles of Organization for this Limited Liability Company		_ and assigned
Florida document number 1.22000097187		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	515 E Las Olas Boulevard	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301	
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:	address on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Change
			□Add
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change

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Effective date, if other than to the effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applic	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605,0207 cable statutory filing requirements, this date will not be listed as s.
the record specifies a delay) The 90th day after the r	ed effective date, but no ecord is filed.	ot an effective time, at 12:01 a.m. on the earlier of
Dated 03/21	. 2022	·
		won Stith
	Signature of a member or author	norized representative of a member
Rackwon Stith		
	Typed or printe	ted name of signee