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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	K 110 1120111 11 1000 1
The end	osed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Name of Person  Kus Wealth Management  Firm/Company  5315 N.W. 51st Street  Address  Cocony + Creek Fr 33073  City/State and Zip Code  Levin dery @ outlook, com  E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
	Name of Person  Area Code  Daytime Telephone Number
Enclose	i is a check for the following amount:
<b>1</b> 82	00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \$\Bigcup \\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, \$\Bigcup \\$certificate of Status & \$\Bigcup \\$certifi

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF C	MUANIDATION " N3
<b>.</b> ,	F 22
./	
LUD Wea	1th Management.
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 3/8/2022 and assigned
Florida document number <u>L J200 14 880</u> .7	∴ ∾
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
F5 Wealth	Management UC
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA
• •	
(Principal office address MUST BE A STREET ADDRESS)	
	i . A
Enter new mailing address, if applicable:	N/\_
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
<del></del>	Enter Florida street address
	, Florida
<del></del>	Cuy 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
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ter If the d	ate inserted in th	iis block does no	ot meet the a	ipplicable sta	atutory filing	requirements	s, this date	will not be	e listed a
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		ective date, but	not an effect	tive time, at	12:01 a.m. o	n the earlier o	of: (b) Th	ie 90th day	after the
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