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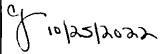
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations DS WEALTH INVESTMENTS LLC SUBJECT: \_\_\_ 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: Damion Serrano Name of Person DS WEALTH INVESTMENTS LLC Firm/Company 6925 Lake Ellenor drive suit 100 Address Orlando Fl 32809 City/State and Zip Code Serranodamionwfg@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Damion Serrano Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address: Registration Section** Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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#### DS WEALTH INVESTMENTS LLC

(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 Compa	my were filed on $\frac{06/16/26}{2}$	not assigned
Florida document number L22000275933	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Na	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or	registered offic	Na	ds, enter the name of the new registered
agent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:	Damion Serr	ano	-16.548-6
New Registered Office Address:	6925 lake El	lenor Dr Suit 100	
		Enter Florida si	
	Orlando		, Florida 32809
		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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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te:	ve date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cent's effective date on the Department of State's records.
cord s file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ed _	10/25/2021
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Filing Fee: \$25.00