## L22000375247

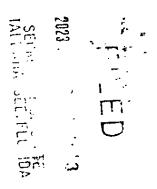
| (Req                      | uestor's Name)   |             |
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| PICK-UP                   | ☐ WAIT           | MAIL        |
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| Certified Copies          | Certificates     | s of Status |
|                           |                  |             |
| Special Instructions to F | iling Officer:   |             |
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Office Use Only



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## **COVER LETTER**

|                | gistration Sect<br>ision of Corpo |   |   |  |             |              |        |
|----------------|-----------------------------------|---|---|--|-------------|--------------|--------|
| SUBJECT:       |                                   | gement Accounting LLC                     |   |  |             |              |        |
| 30202011       |                                   | Name of Lin                               | nited Liability Company   |  |             |              |        |
|                |                                   | mendment and fee(s) are sub               | _   |  |             |              |        |
|                |                                   | Debra Runkle                              |   |  |             |              |        |
|                |                                   |   | Name of Person  |  |             |              |        |
|                |                                   | Wealth Management Acco                    | ounting LLC   |  |             |              |        |
|                |                                   |   | Firm/Company  |  |             |              |        |
|                |                                   | 488 Ambleside Drive                       |   |  |             |              |        |
|                |                                   |   | Address   |  |             |              |        |
|                |                                   | Titusville, FL 32780                      |   |  |             |              |        |
|                |                                   |   | City/State and Zip Code   |  |             |              |        |
|                |                                   | floffice@wmateam.org                      | (to be used for future annual report notif                          | (sation)   |             | د ء          |        |
| For further in | aformation con                    | cerning this matter, please o             | •   | realion)   |             | <b>20</b> 23 | - 7**, |
| 1 of further h | normation con                     | cerning this matter, please c             | ait.  |  |             |              | ٠ ١    |
| Cale           | Name of P                         | nent<br>erson                             | at ( <u>321</u> ) <u>529 - 4</u><br>Area Code Daytime               | OUS<br>Telephone Number                                  | , je ku     |              | I      |
| Enclosed is a  | check for the                     | following amount:                         |   |  |             |              |        |
| 曽 \$25.00 E    | Filing Fee                        | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filin Certificate of Certified Co (additional cop | of Status & | <b>د</b> ن   |        |
|                | iling Address:                    | ction                                     | Street Address:<br>Registration Sec                                 | etion  |             |              |        |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 OF

| Wealth Management Accounting LLC  |   |   |
|---|---|---|
| (Name of the Limited Liability Com)<br>(A Florida Limited   | pany as it now appears on our records.)<br>Liability Company) |   |
| The Articles of Organization for this Limited Liability Compan<br>Florida document number L22000375247            | y were filed on August 25, 2022                               | and assigned                            |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limited lia  | bility company here:  |   |
| The new name must be distinguishable and contain the words "Limited Liab  | oility Company," the designation "LLC" or                     | the abbreviation "L.L.C."               |
| Enter new principal offices address, if applicable:   |   | = |
| (Principal office address MUST BE A STREET ADDRESS)   |   | 875<br>AL                               |
|   |   | <u> </u>                                |
| Enter new mailing address, if applicable:   |   | Ä M                                     |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   |
|   |   |   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the                             | name of the new registered              |
|   |   |   |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida street address                                  |   |
|   | , Florid  | Zip Code                                |
|   | Cuy   | Zip Couc                                |

## 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

| Title                             | Name | <u>Address</u>                              | Type of Action |
|-----------------------------------|------|---|----------------|
| MGR Professional Tax & Accounting |      | 10433 Oak Valley Road, Fort Wayne, IN 46845 | 🖹 Add          |
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| fective date, if other than the date o   | of filing:                             | (an)                           | tional)                      |      |
| Tective date, if other than the date on an effective date is listed, the date must be specture. If the date inserted in this block does not be a specture. | cific and cannot be prior to date of f | iling or more than 90 days aft | or filing.) Pursuant to 605. | 02   |
| ocument's effective date on the Departme   | ent of State's records.                | ory ming requirements, to      | iis date will not be liste   | :u i |
|  |  |                                | 7                            |      |
| record specifies a delayed effective date, is filed.   | but not an effective time, at 12:      | 01 a.m. on the earlier of: (   | (b) The 90th day after       | •,   |
|  |  |                                | <br>F.                       | ,    |
| ated 1-17  | . 2023.                                |                                | ت.<br>د                      |      |
|  | (5) 10 0                               |                                | 77                           |      |
|  | $\mathcal{L}$                          |                                |                              |      |
| A le le signatu  | ure of a member or authorized repre    | sentative of a member          |                              |      |

Filing Fee: \$25.00