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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Latus Wealth Manage Ment LLC  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:	
Christopher Snively Name of Person	
Latus Wealth Management LLE	
1610 Rubert Street Address	
City/State and Zip Code  Snively choutlook. Con  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christophel Snively at (407) 619-8367  Name of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	tatus &

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 OF

1 1 11 116 11

Latus Western Management LL	
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{3 31 }{5 11 }$ Florida document number $\frac{1-32000383690}{5 11 }$ This amendment is submitted to amend the following:	and assigned
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2022 SEP SECRE
B. If amending the registered agent and/or registered office address on our records, <u>en</u> agent and/or the new registered office address here:	AFR 59 FE FE STAT
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street ad	ldress
	. 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
AMBR	Christopher Snively	1610 Robert Street	□ Add
	,	1610 Robert Street Longwood, FL 32750	□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			🗆 Remove
		□ Change	
			□Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
			□Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	<del></del>
(If an ef <u>Note:</u>	(optional)  fective date, if other than the date of filing:  fective 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 605,0207 (3)(1)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is f	rd 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 iled.
Dated	September 13th 2022.
	Signature of a member or authorized representative of a member
	Christopher Snively Typed or printed name of signee
	Typed or printed name of signee