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## Cover Letter

FROM:

Svillana Kypukhine Return Address:

770 É Boca Raton Road Boca Raton, FL 33432

Daytime phone number: 718-594-4393

#### **COVER LETTER**

TO: Registration Sec Division of Corp	orations	•	
SUBJECT:	Securian C	Wealth LLC ted Liability Company	(current)
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Svitla	ana Kyrukh Name of Mrson	ina_
		Firm/Company	
	770 East	Boca Raton	Road
	Boca K	aton, FL 3	3432
	Securian E-mail address: (t	City/State and Zip Code  We alth @gme o be used for future annual report not	oci L. COM
For further information co	ncerning this matter, please ca		
Svillana 1	Kyrukhina	at (H) 594 Area Code Daytin	1-4393
Name of	norm	Area Code Dayun	ie refeptione (vanioe)
Enclosed is a check for the	following amount:		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 8101 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		VEALTH L			
( <u>Name of the Limited I</u> (A F	<u>iability Compar</u> Florida Limited L	ny as it now appears on or liability Company)	ir records.)		
The Articles of Organization for this Limited Liabi Florida document number <u>L220003</u>	lity Company 829,43	were filed on	31/22	and assig	med
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the $SECURIE$			LC		
The new name must be distinguishable and contain the words	s "Limited Liabil				
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		770 EAS Boca Ro	T BOCA K xton, F	PATON R	0ad 132
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>				
B. If amending the registered agent and/or regis		ddress on our records	s, enter the na	APR APR	registered
Name of New Registered Agent:	NOT	Applicable Applicable		82 F	一一
New Registered Office Address:	NOT	Applicable Enter Florida stre	et address, Florida	E. FLORIDA Zip Code	<del>-</del>

#### 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

MGR = N	lanager		
	Authorized Member		I
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	m/a_		
			□Remove
			□Change
			□Add
			□Remove
		41-7	□Change
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). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	100
	Good Afternoon, I'm only amenda the name from - SECURIAN Weal SECURIET WEAD thank you, Svittana Kypukhina	+6110 to
	SECURITION SECURITION WELL	City //C
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(If an effec <u>Note:</u> If	date, if other than the date of filing:	ursuant to 605.0207 (3)(b) III not be listed as the
f the record : ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The of.	Oth day after the
Dated _	April, 10/2023	
	Signature of a member or authorized representative of a member	
	Svitlana Kypukhina  Typed or printed name of signee	

Filing Fee: \$25.00