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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
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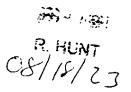


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COVER LETTER,

TO: Registration Se Division of Cor			• •
	CAPITAL STRATEGIES LLO	<u>:</u>	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AMANDA HAYES-BLO	CKSOM	
	PRICUS CAPITAL STRATEGIES LLC Name of Limited Liability Company Priciles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: AMANDA HAYES-BLOCKSOM Name of Person Firm Company 28 KINGSBRIDGE CROSSING DR Address ORMOND BEACH, FL 32114 CityState and Zip Code AMANDA@AKHFINANCIALCORP.COM E-mail address: to be used for future annual report notification) remation concerning this matter, please call: IYES-BLOCKSOM Name of Person Name of Person Daytime Telephone Number neck for the following amount:		
		Firm-Company	
	28 KINGSBRIDGE CROS	SSING DR	
		Address	
	ORMOND BEACH, FL 3	2114	
		CIALCORP.COM	fication)
For further information c	oncerning this matter, please c	all:	
AMANDA HAYES-BLO	OCKSOM		
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

DIVISION OF CORPCEASED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APRICUS CAPITAL STRATEGIES, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/26/2022	and assigned
Florida document number 1.22000418155		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
APRICUS WEALTH ADVISORS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		DIV 202
(Principal office address MUST BE A STREET ADDRESS)		2023 AUG
		<u></u>
		<u> </u>
Enter new mailing address, if applicable:		P# 12
uiling address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here;	address on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	·
	, Florid	da
	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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reffective date is te: If the date	f other than the dat s listed, the date must be inserted in this block tive date on the Depar	e of filing: _ specific and car does not meet	t the applicabl	late of filing or n		s after filing.) Pur	
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Filing Fee: \$25.00