Division of Corporations Electronic Filing Cover Sheet

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(((H220004146483)))



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Division of Corporations

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From:

Account Name : BARITZ & COLMAN ELP

Account Number : I20000000130 Phone : (561)864-5100 Fax Number : (561)864-5101

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mizzo@baritzcolman.com

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HELLER PRIVATE WEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC 1 2 2022 A. LUNT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Heller Private Wealth, LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now annears on our records.) inhibity Compuny)			
The Articles of Organization for this Limited Liability Company value L22000479830	November 8, 2022 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	501 East Las Olas Blvd., Suite 200			
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL 33301			
Enter new mailing address, if applicable:	501 East Las Olas Blvd., Suite 200			
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, FL 33301			
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:				
	Enter Florida street address			
<del></del>	, Florida			

## 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Justin Heller	501 East Las Olas Blvd., Suite 200	🖾 Add
		Fort Lauderdale, FL 33301	
	<del></del>		□Add
			□Remove
			□ Change
	- <del></del>		🗀 Add
			□Remove
			Change
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			□Remove
			Change
			🗖 Add
			□Re:nove

					A APPLICATION I	TARY OF SLADE
D. If amen	ding any other information, enter c	hange(s) here	: (Attoch addition	nal sheets, if necess	(ary.) <b>2022</b> DEC .	9 AM 11: 27
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Note: If	e date, if other than the date of filing tive date is listed, the date must be specific and the date inserted in this block does not read the date on the Department of S	neet the applica	o date at filing or mor ble statutory filing	(uptions than 90 days after fili requirements, this da	al) ing.) Pursuant to 605; ate will not be liste	0207 (3)(b) d as the
If the record : record is tiled	specifies a delayed effective date, but not l.	an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
Dated	December 9	2022	Out of	00.		
	Signature of a		Justin He		<del></del>	
	Justin Heller	areannes or entitle	ina copresentative ti	· a -nemuer		

Filing Fee: \$25.00

Typed or printed name of signee