

L230000044697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

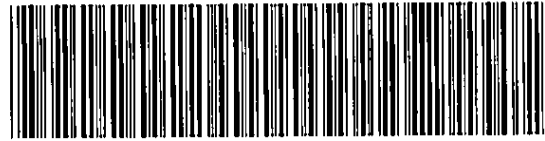
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 03/20/2023

NAME: DOWNTOWN WEALTH STUDIOS GROUP LLC


TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



Christopher Winn
230 Northwest 24TH St., 3rd Flr
Miami, FL 33127

Registration Section
Division of Corporations
The Center of Tallahassee
2415N. Monroe St. Suite 810
Tallahassee, FL32903

Ladies/Gentlemen,

RE: Consent to Use the Name "Downtown Wealth Studios LLC"

Please be advised that I am the Authorized Member of Downtown Wealth Studios LLC, a Florida Limited Liability Company (Document Number: L22000351929). I am filing Articles of Dissolution along with this letter and wish to release the entity name for use by Downtown Wealth Studios Group LLC, a Florida Limited Liability Company (Document Number: L23000044697). Thank you in advance for your assistance with this matter.

Downtown Wealth Studios LLC

Christopher Winn

Christopher Winn, Authorized Member

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Downtown Wealth Studios Group 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:

Dawn Hertzal

Name of Person

Kupfer & Associates, PLLC

Firm/Company

800 Westchester Ave., Suite 641N

Address

Rye Brook, NY 10573

City/State and Zip Code

dhertzal@kupferlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Hertzal

646

751-7516

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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 810
Tallahassee, FL 32303

21 Feb 1971
21 Feb 1971
21 Feb 1971

(S.) SECRETARY OF STATE
TALLAHASSEE, FL

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

[illegible]

2013 APR 20 AM 10:19
CLERK OF COURT
TALLAHASSEE, FL

FILED
2023 MAR 20 AM 10:19
CLERK OF STATE
TALLAHASSEE, FL

(If an effective 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)(b)

If the record 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 record is filed.

Dated March 17, 2023

Corey S. Kupfer
Signature

Signature of a member or authorized representative of a member

Corey S. Kupfer, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00