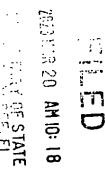
# L23000044697

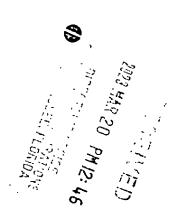
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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DATE:

03/20/2023

NAME: DOWNTOWN WEALTH STUDIOS GROUP LLC

TYPE OF FILING: AMENDMENT

25.00 COST:

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

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 S Division of Co			
	r Wealth Studios Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dawn Hertzel		
		Name of Person	
	Kupfer & Associates, PLL	С	
		Firm/Company	
	800 Westchester Ave., Sui	te 641N	
		Address	
	Rye Brook, NY 10573		
	-	City/State and Zip Code	
	dhertzel@kupferlaw.com	to be used for future annual report not	itiontion
For further information (	concerning this matter, please c	·	Meanony
Dawn Hertzel		646 751-7516	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 enclose
Mailing Addre		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 631		Division of Co The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TILED

2023 H 12 20 AM 10: 19

Downtown Wealth Studios Group LLC

(Name of the Limited Liability Company as it now appears on our records.) A STATE

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on January 24, 2023	and assigned
Florida document number L23000044697		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Downtown Wealth Studios LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
<del></del>	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>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00