

L23000061604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

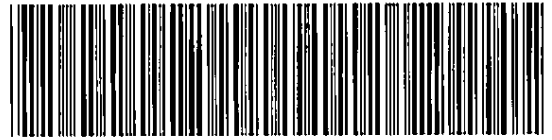
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300403559653

FILED

2023 APR 14 PM 2:52

CLERK OF DISTRICT COURT
JACKSONVILLE, FL

RECEIVED

2023 APR 14 PM 3:31

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$ 60.00

Authorization Signature: Sam Hall :

Prevision Wealth Planning LLC

L23000061604

BUSINESS NAME

DOCUMENT #

☒ Certified Copy of Articles of Organization

☒ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

X Amendment

- ☐ Resignation of R.A. Officer/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Conversion
- ☐ Amended and restated Articles
- ☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prevision Wealth Planning, 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:

Robin Walder

Name of Person

Prevision Wealth Planning, LLC

Firm/Company

725 N. Highway A1A, Suite B102

Address

Jupiter, FL 33477

City/State and Zip Code

michael.b.walder@gmail.com

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

For further information concerning this matter, please call:

Robin Walder

561

743-0959

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

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

FILED

2023 APR 14 PM 2:52

Prevision Wealth Planning, LLC

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

STATE OF FLORIDA
CLERK OF THE COURT

The Articles of Organization for this Limited Liability Company were filed on 2/2/2023 and assigned
Florida document number L23000061604.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

725 N. Highway A1A

Suite B102

Jupiter, FL 33477

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

725 N. Highway A1A

Suite B102

Jupiter, FL 33477

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robin Walder

New Registered Office Address:

725 N. Highway A1A, Suite B102

Enter Florida street address

Jupiter

City

Florida 33477

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>	<u>Type of Action</u>
MGR	Robin Walder	725 N. Highway A1A, Suite B102	<input checked="" type="checkbox"/> Add
		Jupiter, FL 33477	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven Friedman	1806 N. Flamingo Road, Suite 348	<input type="checkbox"/> Add
		Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 APR 14 PM 2:32
CLERK OF STATE
TALLAHASSEE, FL

2023 APR 14 PM 2:52
OFFICE OF STATE
TREASURER, FL

11

(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.

Rohini Walden

Robin Walder

Typed or printed name of signee

Filing Fee: \$25.00