L23000194536

(Requestor's Name)
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,
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(Only State Lipir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/20/23--01009--011 **25.00

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor				
Kastelz We	ealth Management LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William Kastelz			
		Name of Person		
	Kastelz Wealth Manageme	ent		
		Firm/Company		
	1301 Riverplace Blvd, STI	£ 2544		
		Address		
	Jacksonville, FL 32207			
	bill@kastelzwealth.com	City/State and Zip Code		
	E-mail address: (to be used for future annual rep	port notification)	
For further information of	concerning this matter, please ca	all:		
Bill		904 589-4 at ()	1631	
Name o	f Person	Area Code	Daytime 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)	ed) Certified C	of Status &
<u>Mailing Addres</u> Registration !		<u>Street Add</u> Rogistrati	ress: on Section	
Division of C			of Corporations	
P.O. Box 632		The Centi	re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kastelz Wealth Management LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on ou Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000194536}{1.23000194536}$.	y were filed on (04/19/20)	2.3 and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Kastelz Wealth Management Consultants LLC			
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LLC" or the abbreviation "I	1C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		023	<u> </u>
		<u>_</u>	
		20	\ <u>\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \</u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		2	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records	s, enter the name of the ne	w registe:
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida Ziv Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agent		ity. I further agree to com	ply with t
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my di provided for in Chapte	uies, and I am familiar wi er 605, F.S. Or, if this doc	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
		-	
			□Add
			□Remove
			□Change
			☐Add
			□Remove
			□ Change

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neffective date is listed, the date in this term of the date inserted in this	he date of filing: nust be specific and cannot be prior to date of fil- block does not meet the applicable statuto Department of State's records.	(optional) ing or more than 90 days after filing.) P ory filing requirements, this date wi	ursuant to 605.020 ill not be listed a
cord specifies a delayed effec s filed.	tive date, but not an effective time, at 12:0	La.m. on the earlier of: (b) The S	90th day after the
July 12	2023		
ted July 13	Signature of a member or authorized repres		

Filing Fee: \$25.00