



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000035029 3)))



H24000035029ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (407)641-8791

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

Email Address: _____

RECEIVED

2024 JAN 25 PM 4:37

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEALTHY FINANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 JAN 25 AM 10:33

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

T. LEMIEUX

JAN 26 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEALTHY FINANCE 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:

SEBASTIAN G RODRIGUEZ

Name of Person

WEALTHY FINANCE LLC

Firm/Company

8225 NW 43RD ST

Address

DORAL, FL 33166

City/State and Zip Code

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

For further information concerning this matter, please call

SEBASTIAN G RODRIGUEZ

Name of Person

at ()

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

((H24000035029 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WEALTHY FINANCE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/02/2023 and assigned
Florida document number 123000363533.

This amendment is submitted to amend the following:

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

WEALTHY WATCHES LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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. 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.

RECEIVED
JAN 25 2024
AM 10:33
STATE
OFFICE
D

If Changing Registered Agent, Signature of New Registered Agent

((H240000350293)))

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>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>

