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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

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

Email .	Address:							
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUND INCOME WEALTH, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AND THE PROPERTY OF THE PARTY O

	SOUND INCOME	WEALTH, LI	LÇ	
(	Name of the Limited Liability Compan (A Florida Limited Li	y as It now appen iability Company)	rs on our records.)	- 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
The Articles of Organization fo	this Limited Liability Company	were filed on	02/06/2025	and assigned
Florida document number <u>L2</u>	5000065573			
This amendment is submitted to	amend the following:			
A. If amending name, enter t	he new name of the limited liabil	lity company h	ere:	
The new name must be distinguishabl	e and contain the words "Limited Liability	ty Company," the o	designation "LLC" or the si	obreviation "L.L.C."
Enter new principal offices ad	ldress, if applicable:			
(Principal office address MUS	T BE A STREET ADDRESS)			
i ·				
,				
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A P	OST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
•				
	l •			
B. If amending the registered agent and/or the new registere	agent and/or registered office ac ed office address here:	ddress on our r	ecords, enter the nan	ie of the new registered
Name of New Register	red Agent:			
New Registered Office	:  -  - Address:			
HAN KORMINION OTHER	TCHRESS.	Enter Flor	rida siraoi 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. 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

H25000225721
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

Title	Name		Address	Type of Action
PRESIDENT	PATRICK FA	RRELL,	500 W. CYPRESS CREEK ROAD	□Add
,		:	SUITE 240	□Remove
	 		FORT LAUDERDALE	ØChange
<u>coo</u>	RANA CHA	NDER	500 W. CYPRESS CREEK ROAD	OAdd
			SUITE 240	□ Remove
•	4 * 20 *		FORT LAUDERDALE	& Change
<u>CFO</u>	RENEE RU	sso	500 W. CYPRESS CREEK ROAD	☐ Add
	; , ; ;		SUITE 240	🗆 Remove
	Ţ ;		FORT LAUDERDALE	Xi Change
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nent's effe	ctive date on	the Department of State's records.
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rd specifie iled.	s a delayed eft	factive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
	İ	
JUNI	E 25, 2025	·
	:	Gregory A. Mc Laughlin, Cao.
		Gregory A. McLaughlin, Cag.  Signature of a member or authorized representative of innember
		DECORVA MOLAHOULIN EGO. AUTUORIZZO DERREDENTATIVE
•	نى .	REGORY A. MCLAUGHLIN, ESQ., AUTHORIZED REPRESENTATIVE
		Typed or printed name of algnee

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