M12000002382

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	<u>-</u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS

DEC 19 2022



200395018852

09/26/22--01013--006 *+25.00

302 SEP 25 PM 3: 36

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT:WEALTHTREE HOLDINGS LLC	
Name of Foreig	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
MARK CHIAPPARA	
Name of Person	
Firm/Company	
328 CRANDON BLVD, STE. 115-350	
Address	
KEY BISCAYNE. FL 33149	
City/State and Zip Code	e
chiappara@msn.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
MARK CHIAPPARA	at (212 988-2000
Name of Person	Area Code & Daytime Telephone Number
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
Enclosed is a check for the following	
■\$25 Filing Fee	☐ S55 Filing Fee & ☐ S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: WEALTHTREE HOLDINGS LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M12000002382
3. Jurisdiction of its organization:
4. Date authorized to do business in Florida: 4/30/2012
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: AMALGAMATED SLUDGE HLDGS, LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer 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:
New Registered Office Address: Enter Florida Street Address
•
City
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 agrees 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 the amendment of	hanges person, title or ca	pacity in accord	lance with 605.0902 (1)(e), indicate that	change:
tle/ Capacity	<u>Name</u>		Address	Type of Action
<u> </u>				□Add
		-		□Remov
		 -		
				□Remov
				□Add
				©Remo
				□Add
				□Remo
			·	□Add
aforementioned	ertificate, if required: no amendment(s), duly au er the law of which this	thenticated by the epitity is organized	Lj-	🗆 Rem
	Mark Chiappara	Signature of t	he authorized representative	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "WEALTHTREE HOLDINGS LLC", CHANGING ITS NAME FROM "WEALTHTREE HOLDINGS LLC" TO "AMALGAMATED SLUDGE HLDGS, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2022, AT 4:12 O'CLOCK P.M.



Authentication: 204422252

Date: 09-19-22

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	I Liability Company: _	WEALTHTREE	HOLDINGS
The Certificate o	f Formation of the limi	ted liability compa	any is hereby a
The name of	the entity shal	l be changed	to
"AMALG!	MATED SLUDGE HL	DGS, LLC"	
	HEREOF, the undersi	•	
N WITNESS W	HEREOF, the undersi	•	d this Certific , A.D. 202
		•	
	day of Septem	ber (
	day of Septem	ber (A.D. 202