

MI5000002382

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DATE: 9/25/15

**NAME: ONE WEALTH MANAGEMENT FINANCIAL AND INSURANCE
SERVICES, LLC**

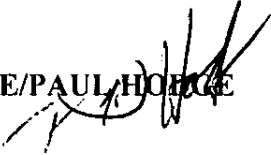
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Wealth Management Financial and Insurance Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeremy P. Dicker

Name of Person

One Wealth Management Financial and Insurance Services, LLC

Firm/Company

520 Broadway, Suite 300

Address

Santa Monica, CA 90401

City/State and Zip Code

jeremy@onewealthmgmt.com

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

For further information concerning this matter, please call:

Fred F. Corballs III

Name of Person

at (310) 540-3199

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2B055 (12/14)

**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: One Wealth Management Financial and Insurance Services, LLC
2. The Florida document number of this limited liability company is: M15000002382
3. Jurisdiction of its organization: California
4. Date authorized to do business in Florida: March 31, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: N/A
(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 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. 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

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TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>Ira Hermann</u>	<u>520 Broadway, Suite 300</u>	<input type="checkbox"/> Add
		<u>Santa Monica, CA 90401</u>	<input checked="" type="checkbox"/> Remove
<u>Member</u>	<u>Corey Schneider</u>	<u>520 Broadway, Suite 300</u>	<input checked="" type="checkbox"/> Add
		<u>Santa Monica, CA 90401</u>	<input type="checkbox"/> Remove
<u>Member</u>	<u>Christopher McMahon</u>	<u>520 Broadway, Suite 300</u>	<input type="checkbox"/> Add
		<u>Santa Monica, CA 90401</u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized. NOT REQUIRED



Signature of the authorized representative

Jeremy P. Dicker

Typed or printed name of signer

Filing Fee: \$25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

AMENDMENT ATTACHMENT FOR MEMBERS

1. **ENTITY NAME** – give the exact name of the LLC as currently shown in A.C.C. records:
One Wealth Management Financial and Insurance Services, LLC
2. **A.C.C. FILE NUMBER:** 05011234
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.sccc.gov/Divisions/Corporations>
3. Check one box only to indicate what document the Attachment goes with:
☐ Articles of Amendment ☒ Articles of Amendment to Application for Registration
4. **MEMBERS CHANGE** – use one block per person - FOR MEMBERS CURRENTLY SHOWN IN A.C.C. RECORDS - list the name of each member being changed, and below that provide any new information for that member (new name and/or address), then check all boxes that apply to indicate the change being made for that member. FOR NEW MEMBERS – in a separate block, list the name in the NEW Name blank and give the address, and check the appropriate box. If more space is needed, use another Amendment Attachment for Members form.

Ira Hermann							
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
520 Broadway				520 Broadway			
Address 1				Address 1			
Suite 300				Suite 300			
Address 2 (optional)				Address 2 (optional)			
Santa Monica	CA	90401		Santa Monica	CA	90401	
City	State or Province	Zip		City	State or Province	Zip	
UNITED STATES				UNITED STATES			
Country				Country			
<input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member				<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Add as 20% or more member			
<input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member				<input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member			
<input checked="" type="checkbox"/> Remove member				<input type="checkbox"/> Remove member			
Christopher McMahon							
Name currently shown in ACC records				Name currently shown in ACC records			
NEW Name				NEW Name			
520 Broadway							
Address 1				Address 1			
Suite 300							
Address 2 (optional)				Address 2 (optional)			
Santa Monica	CA	90401					
City	State or Province	Zip		City	State or Province	Zip	
UNITED STATES							
Country				Country			
<input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member				<input type="checkbox"/> Address change <input type="checkbox"/> Add as 20% or more member			
<input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member				<input type="checkbox"/> Name change <input type="checkbox"/> Add as less than 20% member			
<input checked="" type="checkbox"/> Remove member				<input type="checkbox"/> Remove member			