

Florida Department of State

MIS0009023
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

2022 MAY 24 AM 10:47

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLAIRMONT WEALTH ADVISORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLAIRMONT WEALTH ADVISORS 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 11/09/2015 and assigned Florida document number M15000009023

This amendment is submitted to amend the following:

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

EKANTA WEALTH ADVISORS 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:

2665 South Bayshore Dr., Suite 430

Miami, Florida 33133

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2665 South Bayshore Dr., Suite 430

Miami, Florida 33133

(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:

JULIO BAILON

New Registered Office Address:

2665 South Bayshore Dr., Suite 430

Enter Florida street address

MIAMI

City

Florida

33133

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.

 05/16/2022
If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	JULIO BAILON	2665 South Bayshore Dr., Suite 430	<input checked="" type="checkbox"/> Add
		Miami, Florida 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NOVA MADUENO BAILON	2665 South Bayshore Dr., Suite 430	<input checked="" type="checkbox"/> Add
		Miami, Florida 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
ADMINISTRATIVE & EXECUTIVE MGR	JAMES STEWART	2665 South Bayshore Dr., Suite 420	<input type="checkbox"/> Add
		Miami, Florida 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ADMINISTRATIVE & EXECUTIVE MGR	JOHN JEPHON	2665 South Bayshore Dr., Suite 420	<input type="checkbox"/> Add
		Miami, Florida 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ADMINISTRATIVE & EXECUTIVE MGR	CARLOS SALZEDO	2665 South Bayshore Dr., Suite 420	<input type="checkbox"/> Add
		Miami, Florida 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

