

4/16/2018

M17006007888

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H180001201313ABCR)))



H180001201313ABCR

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 : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEALTH BRIDGE SOLUTIONS, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 19 PM 9:51

FILED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2018 APR 19 PM 3:34

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help LEGGETT
APR 20 2018

**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: WEALTH BRIDGE SOLUTIONS, 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: M17000007888

3. Jurisdiction of its organization: Oregon

4. Date authorized to do business in Florida: 09/15/2017

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

5. New name of the limited liability company: E2I Advisors 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

_____, 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

2018 APR 19 PM 9:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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2018 APR 19 PM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Riley Park

Signature of the authorized representative

Riley Park

Typed or printed name of signee

Filing Fee: \$25.00

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 880Q165H9

I, DENNIS RICHARDSON, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

E2I ADVISORS, LLC

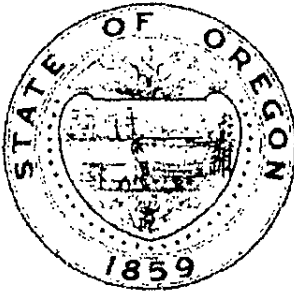
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



DENNIS RICHARDSON, SECRETARY OF STATE

4/13/2018



Articles of Amendment/Dissolution - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

☒ ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 4, 5, 8)

☐ ARTICLES OF DISSOLUTION (Complete 6, 7, 8)

FILED

MAR 23 2018

REGISTRY NUMBER: 126459296

OREGON
SECRETARY OF STATE

For office use only

In accordance with Oregon Revised Statute 192.410-192.480, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

1. ENTITY NAME: Wealth Bridge Solutions, LLC

2. THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

Article 1 E2I Advisors, LLC

Article 3 Registered Agent Omar Marquez, 111 SW 5th Ave, Portland OR 97204

03/23/2018 11:20AM 000001 #5413

0001

BUSINESS REG \$100.00

CHECK ~~\$100.00~~

3. PLEASE CHECK THE APPROPRIATE STATEMENT:

☒ This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: 03/21/2018

☐ This amendment(s) was approved by the members. _____ percent of the members approved the amendment(s).

Date of adoption of each amendment: _____

4. PRINCIPAL PLACE OF BUSINESS (Physical Street Address)

111 SW 5th Ave Suite 1940

Portland, OR 97204

5. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)

List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

Omar Marquez

111 SW 5th Ave

Portland, OR 97204

ARTICLES OF DISSOLUTION ONLY

6. NAME OF LIMITED LIABILITY COMPANY: _____

7. DATE DISSOLUTION OCCURRED: _____

Future date not allowed.

8. EXECUTION: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: _____

Printed Name: _____

Title: _____

Omar Marquez

President

CONTACT NAME: (To resolve questions with this filing)

Omar Marquez

PHONE NUMBER: (Include area code)

503-715-5334

E2I ADVISORS, LLC



126459296-18885897

AMDART