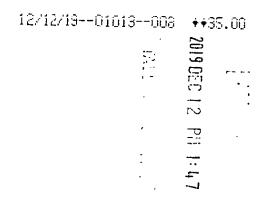
P0900081122

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: With Financial Grasp Inc				
DOCUMENT NUMBER: <u>2690000 87722</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
Name of Contact Person Clin & Co. Wealth Management Firm/ Company 301 Jamato Rd Suite 3i50 Address Bixa Raton, Fl 33431 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
or further information concerning this matter, please call:				
Jon Ulin at (5761) 210-7887				
Name of Contact Person Area Code & Daytime Telephone Number				
inclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee				
Mailing Address Amendment Section Amendment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Of Wame of Corporation as currently	filed with the Florida Dept. of Stat	<u> </u>
P09000087732		
(Document Number of O	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Illin & Co. Wealth Mo	inagenient, Inc	• The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "F	.o". A projessional corporation had	or the abbreviation me must contain the
B. Enter new principal office address, if applicable:	N/A	201
(Principal office address MUST BE A STREET ADDRESS)		- 9 0 E
		
		<u> </u>
C. Enter new mailing address, if applicable:	n lø	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		1 - 1
		7
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	3 2
Name of New Registered Agent		
(Florida stre	eet address)	
New Registered Office Address: N A	, Florid	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	eith and accept the obligations of the	position.
t .		
<u> </u>		
Signature of New Re	egistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones V as Remove and Sally Smith SV as an Add.

Example:			
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach addition	r adding addition nal sheets, if nec	essary). (Be sp	pecific)	<u>:re</u> .		
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		<u> </u>				
If an amenda	nent provides fo	r an eychange. I	reclassification.	or cancellation of	of issued shares.	
provisions fo	or implementing	the amendmen	t if not containe	d in the amenda	ent itself:	
i,]γ)	рисавіе, така	e maj				
11/11				<u> </u>	 	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
 The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 	
Signature (By a director, president or other officer in directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing) Managing Principal (Title of person signing)	