

P130000 90501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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04/30/14--01007--006 **35.00

14 MAY 29 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS

MAY 30 2014

EXAMINER

RINALDI

wealth management
Independence Empowered by LPL Financial

May 30, 2014

~~ATTN: DARLENE~~

Darlene,

Please see Carolyn for any clarification or call my cell office. Thank you for your help!

Sincerely,



Dustin C. Rinaldi, CFP®
Financial Advisor

Rinaldi Wealth Management
Independence Empowered by LPL Financial

27499 Riverview Center Blvd	Office: 239.444.6111
Building 5, Suite 236	Fax: 239.444.6112
Bonita Springs, FL 34134	Email: Dustin.Rinaldi@LPL.com

Investment advice offered through Rinaldi Wealth Management, a registered investment advisor and separate entity from LPL Financial.
Securities offered through LPL Financial. Member FINRA/SIPC.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DUSTIN RINALDI PA

DOCUMENT NUMBER: P13000090501

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DUSTIN RINALDI

Name of Contact Person

RINALDI WEALTH MANAGEMENT

Firm/ Company

27499 RIVERVIEW CENTER BLVD, BLDG 5, SUITE 236

Address

BONITA SPRINGS, FL 34134

City/ State and Zip Code

DUSTIN.RINALDI@LPL.COM

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

For further information concerning this matter, please call:

DUSTIN RINALDI

Name of Contact Person

at (239) 444-6111

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

CHECK
PREVIOUSLY
MAILED

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2014

DUSTIN RINALDI
RINALDI WEALTH MANAGEMENT
27499 RIVERVIEW CENTER BLVD., SUITE 236
BONITA SPRINGS, FL 34134

SUBJECT: DUSTIN RINALDI, P.A.
Ref. Number: P13000090501

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 814A00010203

APPROVED
AND
FILED

14 MAY 29 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

DUSTIN RINALDI PA

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000090501

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

RINALDI WEALTH MANAGEMENT Inc

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

27499 RIVERVIEW CENTER BLVD

BLDG 5, SUITE 236

BONITA SPRINGS, FL 34134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

27499 RIVERVIEW CENTER BLVD

BLDG 5, SUITE 236

BONITA SPRINGS, FL 34134

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

Dustin Rinaldi
Bldg. 5, Suite 236

27499 Riverview Center Blvd

(Florida street address)

New Registered Office Address:

Bonita Springs, Florida 34134

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

N/A

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

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AND
FILED

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The date of each amendment(s) adoption: 5/30/14, if other than the date this document was signed.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date if applicable: 5/30/14
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

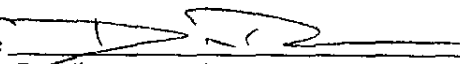
by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5/30/14

Signature


(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DUSTIN RINALDI

(Typed or printed name of person signing)

PRESIDENT, OWNER

(Title of person signing)