

L13000072879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

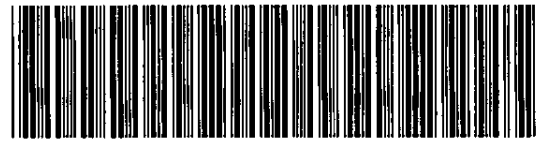
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 17 PM 4:07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 18 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WTM Financial LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Taylor Mulkey
Name of Person

WTM Financial LLC
Firm/Company

5651 NE 16th Terr.
Address

Fort Lauderdale Florida 33334
City/State and Zip Code

WTMULKEY@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Taylor Mulkey at (954) 666-6003
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WTM Financial 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 05/17/2013 and assigned Florida document number L13000072879.

This amendment is submitted to amend the following:

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

America's Health First 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1000 W. Oakland Park Blvd.
Suite B
Wilton Manors, FL 33311

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:

Michael Ross

New Registered Office Address:

1651 NE 28th Ave.

Enter Florida street address

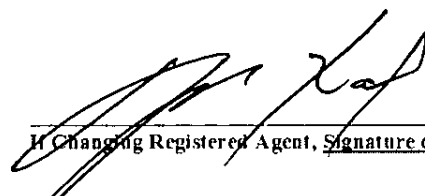
Pompano Beach, Florida 33062

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

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CORPORATE SERVICES DIVISION

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. | Michael Ross | 1000 W. Oakland Park Blvd | <input checked="" type="checkbox"/> Add |
| | | Wilton Manors, FL 33311 | <input type="checkbox"/> Remove |
| | | Suite B | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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 COUNTY CLERK
 MIAMI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 14, 2017

Handwritten signature of Michael Ross

Signature of a member or authorized representative of a member

Michael Ross

Typed or printed name of signee

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DEPARTMENT OF STATE
OFFICE OF CONCORDANCE