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.

(((H10000053681 3)))



H100000538813ABCY

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)

: (850)617-6383

From:

Account Name : MADELYNN J. HAUSEMAN

Account Number : 120070000053

: (312)782-4780

Fax Number

: (312) 372-9399

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

KECEIVED

IMR -9 PM 2: 54

SECRETARY OF STATE

Address:		
	Address	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRANKLIN STREET CAPITAL ADVISORS, LLC

Certificate of Status	0
Certified Copy	()
Page Count	01
Estimated Charge	\$25.00

S. HAWKES

MAR 1 0 2010

EXAMINER

(((H10000053681 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franklin Street Capital Advisors, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Corpony)
(A Florida Limited Liability Cor pany)

0	Florida Limited Li	ability Coripa	ny)	
The Articles of Organization for this Limited L Florida document numberL06000116		were filed on	December 7, 200	6 and assigned
Pionas document mander				5 m
This amendment is submitted to amend the foll	owing:		<i>'</i> .	ASSE ASSE
A. If amending name, enter the new name o				H 8: 4
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite	ed Liability Co	mpany," the designation "	LLC" de le abbie lation
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			,
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)	μ		
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:	or registered offi- fice address here: Andrew Wrig		n our records, <u>enter</u>	the name of the new
New Registered Office Address:	5420 Bay Ce	nter Drive S	Suite 100	
Hew Regulation Office Auditors.	<u> </u>		Enter Florida street ada	iress
	•	Гатра	, Florida	33609
		City	, FIORIUM	Zışı Code
New Registered Agent's Signature, if changing R		- · •		
I hereby accept the appointment as registered the provisions of all statutes relative to the pi accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	roper and comple stered agent as pr registered office a change.	te performant ovided for in ddress. I her ng Replitered	ce of my duties, and I d Chapter 608, F.S. Or,	am familiar with and if this document is nited liability
	Page 1 o	f 2		
	(((H10000	053581 3	3)))	

(((H10000053681 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Andrew Wright	3609 S. Onar Ave. Tampa, FL 33629	Add Remove
MGR	Andrew Wright, PA, a Florida corporation	5420 Bay Cerner Drive Suite 100	FILED FILED
<u></u>			E STATE OF THE STA
			Add Remove
			Add Remove
			Add Remove
D, If amen	ding any other information, enter chang	gc(s) here: (Attach additional sheets, if necessary.)	
<u>-</u>			
Dated	Signature of a membe	or muthorized representative of a member	
		Andrew Wright For printed name of hignes	
		Page 2 of 2	

Filing Fee: \$25.00 (((H10000053681 3)))