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Certificates of Status
Officer:



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Office Use Only

EFFECTIVE DATE_11/D1/14

OCT 28 2014 U. BRIJCE

COVER LETTER

TO: Registration Se Division of Cor				
	EADERSHIP & TRANSA	CTION ADVISORY, LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Ryan Orner			
	····	Name of Person		
	ALTA LEADERSHIP	& TRANSACTION ADVISO	RY, LLC	
		Firm/Company		
	444 Brickell Avenue,	Suite 51-455		
	· · · · · · · · · · · · · · · · · · ·	Address		
	Miami, FL 33131			
• •		City/State and Zip Code		
4	RJOrner@gmail.com			28
	E-mail address: (t	o be used for future annual report notific	ation)	= T
For further information of	concerning this matter, please ca	ill:		2014 OCT 27
Ryan Orner		212 535-9593		
Name o	of Person	Area Code Daytime T	l'elephone Number	PH 1:59
Enclosed is a check for t	he following amount:			3.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &

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

ALTA LEADERSHIP & TRANSACTION ADVISORY, 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 w	ere filed on October 23, 2009	and assigned
Florida document number <u>L09000102364</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
ALTA MERGERS & ACQUISITIONS PARTNERS, LLC		
The new name must be distinguishable and end with the words "Limited Liability	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	y ay ay y	,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	ce 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:		W T
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zip Code O
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office as	erformance of my duties, and I am fo ovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

~*

Page 1 of 3

EFFECTIVE DATE 11/0/14

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			□ Remove
			Add ☐ Remove
			- La Remove
			Add
			□ Remove
			55 N Prime
			Remove
			🗖 Add
			□ Remove

If amending any other information, e	nter enange(s) here. (Anach daditiona	at sheets, if hecessary.)
Effective date, if other than the date on The effective date must be specific, cannot be printed the date this document is filed by the Florida De	ior to date of receipt or filed date and cannot be	(optional) more than 90 days after
Dated October 23	,	
Signatu	ire of a member or authorized representative of	a member
Ryan J Orner	,	
	Typed or printed name of signce	

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Filing Fee: \$25.00

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