1500084504

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200282625312

02/26/16--01008--002 **25.00

2016 FEB 26 PH 1: 29

K. SALY EXAMINER MAR - 1

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	Odrigues 8 1 Name of Limited	A SOCIADOS LL	<u></u>
The enclosed Articles of An	nendment and fee(s) are submit	ted for filing.	
Please return all corresponde	ence concerning this matter to t	the following:	
		Name of Person	
	The Jose	ephs law F	m
	255 All	ambra Circ	Le, Suite 700
	Coral G	City/State and Zip Code - Com Co bell SD U e used for future annual report notification	3134
-	The servate E-mail address: (to b	e used for future annual report notification	th-net
For further information cond	erning this matter, please call:		
Name of Pe	Senvs	at (305) 443- Area Code Daytime Tele	ephone Number
Enclosed is a check for the f	ollowing 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

ZOIGFEB 26 PM 1:29

TALLAHASSIE, FLORIDA

Rodriguez & Asociados, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L15000084504	ompany were filed on May 13, 2015	and assigned
	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
RA Investment Advisors, LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or the new registered office address agent.	ered office address on our records ess here:	, enter the name of the new
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		rida
New Registered Office Address:		rida Zip Code
New Registered Office Address: New Registered Agent's Signature, if changing Registered	City , Flo	rida

If Changing Registered Agent, Signature of New Registered Agent

If amend	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address of each person		person being added	
MGR =	Manager Authorized Member		2016 FEB 26 PM 1: 29	
<u>Title</u>	<u>Name</u>	Address	TALLAHASSEE, FLORIOZ	Type of Action
		<u> </u>	"MASSEE, FLORINA	Add
				Remove
				□ Change
		<u> </u>		🗀 Add
				□ Remove
				Change
				🗆 Add
				Remove
				Change
		-		_□ Add
				Remove
				_ Change
		-		_□ Add
				_□ Remove
			.	_□ Change
		-		Add
				_□ Remove
				_□ Change

•	
	(s) here: (Attach additional sheets, if necessary.) 20/6 FEB 26 Ph 1: 25
	- 4 9 Pk
	MILER ON 191:2
	THASSEE SIA
	TATERE OF PH 1: 29 TATERE OF STATE OF
ective date, if other than the date of filing:	(optional)
	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 e applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's	records.
record specifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of
he 90th day after the record is filed.	
Falance 22	,
ed <u>February 23,</u> 201	<u> </u>
Λ	Λ

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00