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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

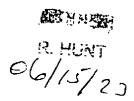




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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•		
	E ADVISORS LLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ryan Clegg			
		Name of Person		-
	BILTMORE ADVISORS	LLC		
		Firm/Company		- 1
	17 COUNTRY CLUB LA	NE		55 P
		Address		- 流流 エ - 四の コ
	BELLEAIR, FL 33756			OF STATE
		City/State and Zip Code		-
	relegg@biltmore-advisors.c			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	atl:		
Ryan Clegg		727 776-2769 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Numbe	г
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632	27	The Centre of	Fallahassee -	
Tallahassee. I	FL 32314	2415 N. Monro	oe Street, Suite 8	310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BILTMORE ADVISORS LLC		
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our recor Liability Company)	<u>'ds.</u>)
-	were filed on 01/30/2023	and assigned
Florida document number L23000033532		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BILTMORE INSURANCE ADVISORS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on L23000053552 endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: ORE INSURANCE ADVISORS LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" are principal offices address, if applicable: out office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: g address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered in the new registered agent and/or registered office address on our records.	And the state of t
		500
Enter new mailing address, if applicable		mo -
		구절 2
(Mailing address MAY BE A POST OFFICE BOX)		
<u>Name of New Registered Agent:</u>		
	Tanter I norther street indire	(5)
Now Designational Lauratic Company of the project Designation of August	,	za code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. If performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is
If Char	nging Registered Agent, Signature	of New Registered Agent

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
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Effective date, if other than I an effective date is listed, the date	he date of	filing: _				(0	ptional)	D	u.e. b:
Note: If the date inserted in thi	s block does	not meet	the applica	able statute	ry filing re	quirements.	this date	will not be	listed
locument's effective date on the	e Departmen	n or State	s records.						
record specifies a delayed effe	rtive date, bu	ut not an c	effective tir	ne, at 12:0	1 a.m. on tl	ne earlier ot	(b) The	e 90th day	after t
d is filed.									
June 5th		2	023						
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Filing Fee: \$25.00