L13000177407

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TALLAHASSEE, FLORIDA

APR 05 2017

Y SULKER

CHRISTOPHER P. BRAY
ASSOCIATES, LLC

April 3, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301
VIA OVERNIGHT DELIVERY

Dear Division of Corporations,

As a follow up to my communication with the Division of Corporations (see Exhibit A, enclosed), please find enclosed the Articles of Dissolution for a Limited Liability Company for Bray Capital Advisors LLC (enclosed as Exhibit B). In connection with the filing of the enclosed Articles of Dissolution, please find enclosed a related Affidavit of this date (enclosed as Exhibit C).

Also, please find enclosed Articles of Amendment to Articles of Organization of Ariel Capital Advisors LLC to change its name to Bray Capital Advisors, LLC (enclosed as Exhibit D). A check made payable to the Florida Department of State in the amount of $85.00 is enclosed for the Articles of Dissolution ($25.00) and the Articles of Amendment ($60.00).

Please don't hesitate to call me if you have any questions or concerns with regard to this letter and enclosures. Thank you for your assistance with this matter.

Sincerely,

Christopher P. Bray

Enclosure as stated

9115 Corsea Del Fontana Way, Suite 200
Naples, Florida 34109
Office: (239) 451-6003
www.cpbrayassociates.com
Admitted to practice in Florida and Ohio

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Ariel Capital Advisors, 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:

Christopher P. Bray, Esq.
Name of Person

Christopher P. Bray Associates, LLC
Firm/Company

9115 Corsea Del Fontana Way, Suite 200
Address

Naples, Florida 34109
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher P. Bray, Esq. at (239) 451-6003
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

Ariel Capital Advisors 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 December 27, 2013 and assigned Florida document number L13000177407.

This amendment is submitted to amend the following:

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

Bray Capital Advisors, 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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

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: N/A

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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

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

Title	Name	Address	Type of Action
	N/A		
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

N/A

17 APR -4 PM 3:55

E. Effective date, if other than the date of filing: April 15, 2017 **(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 3, 2017.

Signature of a member or authorized representative of a member

Christopher P. Bray

Typed or printed name of signee

Filing Fee: $25.00

AFFIDAVIT

STATE OF FLORIDA

COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared, CHRISTOPHER P. BRAY, who after being first duly sworn deposes and states:

1. I am the sole member and manager of Bray Capital Advisors LLC ("BCA"), a Florida limited liability company (Document Number L17000055428).

2. BCA has assigned to Ariel Capital Advisors LLC ("ACA"), a Florida limited liability company (Document Number L13000177407) all rights to use BCA's name, "Bray Capital Advisors LLC" in perpetuity.

3. BCA is filing Articles of Dissolution with the Florida Department of State, Division of Corporations, in connection with the execution of this affidavit.

4. BCA will not take any action to revoke said Articles of Dissolution after filing and acceptance by the Florida Department of State, Division of Corporations.

FURTHER AFFIANT SAYETH NAUGHT.

Christopher P. Bray, Esq.
AFFIANT

The foregoing instrument was acknowledged before me this 3rd day of April, 2017, by Christopher P. Bray, Esq., who is personally known to me.

Kimberly S. Wilmore
Notary Public, State of Florida
Commission #: FF 985537
Commission Expires: 8/16/2020

KIMBERLY SUE WILMORE
Notary Public - State of Florida
Commission # FF 985537
My Comm. Expires Aug 16, 2020
Bonded through National Notary Assn.