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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Q. SILAS	
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RECEIVED

2022 MAR | 1 AM 11: 40

FLORIDA DEPARTMENT OF STATE
Division of Corporations SEC

SECRETARY OF STATE TALLAHASSEE, FL

February 25, 2022

TERRY COVERT 631 PALM SPRINGS DR. STE 114 ALTAMONTE SPRINGS, FL 32701

SUBJECT: 40 ACT COMPLIANCE, LLC

Ref. Number: L13000167497

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Pages 2 & 3 are missing. All pages must be returned in order to file the document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 522A00004747

COVER LETTER

	Registration Se Division of Co			
SUBJEC		npliance LLC		
SUBJEC	· · ·	Name of Lin	ited Liability Company	
Tra	1.4.4.1			
		Amendment and fee(s) are sub		
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Terry Covert		
			Name of Person	
		Copeland Covert & Smith		
		 	Firm/Company	
		631 Palm Springs Dr. Ste	114	
			Address	
		Altamonte SPrings FL 327	01	
			City/State and Zip Code	
		terrycovert@copelandcover	t.com to be used for future annual report no	ification)
For furthe	er information c	oncerning this matter, please c	•	
Terry Co	vert		407 830 7220	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
	00 Filing Fee		Core on rivers	- C(0.00 P) - F
L \$25.	or rung rec	■ \$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 Addres		Street Address:	
	Registration S Division of C		Registration So	
	P.O. Box 632		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

40 Act Compliance, LLC

2022 MAR !! PM 2: 54

(<u>Name of the Limited Liat</u> (A Flor	ida Limited Liability Company) TALLAHAS	OF STATE
The Articles of Organization for this Limited Liability		
Florida document number L13000167497		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
40 Act Advisors, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	· 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
P. If amonding the registered area to allow a state of the state of th	1.65	
B. If amending the registered agent and/or register agent and/or the new registered office address here	e:	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			🗆 Add
			□Remove
			🗆 Change
			🗀 Add
			🗆 Remove
			□Change
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			□Remove
			□ Change

 	
	
	
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ocument's effective	date on the Department of State's records.
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