

L01000011683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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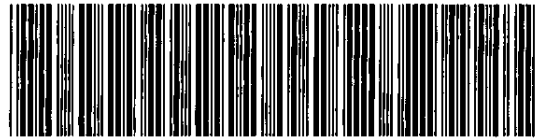
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN
MAY 11 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Franklin National Financial Holdings, 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:

Robert Nichols
Name of Person

Glades Capital Advisors, LLC
Firm/Company
Mission Bay Office Plaza
20283 State Road 7
Address

Boca Raton, FL 33498
City/State and Zip Code
robnichols@bellsouth.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert Nichols at (561) 807-6400
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Franklin National Financial Holdings, 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 7/17/2001 and assigned
Florida document number LC01000011683.

This amendment is submitted to amend the following:

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

Glades Capital Advisors, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Mission Bay Office Plaza, Suite 400
20283 State Road 7
Boca Raton, FL 33498

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Mission Bay Office Plaza, Suite 400
20283 State Road 7
Boca Raton, FL 33498

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:

Robert Nichols

New Registered Office Address:

Glades Capital Advisors, LLC
Mission Bay Office Plaza, Suite 400 20283 State
Road 7
Enter Florida street address

Boca Raton

Florida

33498

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 608, 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.

Robert Nichols

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Golden	6455 Enclave Way Boca Raton, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael Golden	Mission Bay Office Plaza, Suite 400 20283 State Road 7 Boca Raton, FL 33498	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Robert Nichols	99785 Vineyard Ct Boca Raton, FL 33420	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Robert Nichols	Mission Bay Office Plaza, Suite 400 20283 State Road 7 Boca Raton, FL 33498	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated May 7, 2010

Robert Nichols
Signature of a member or authorized representative of a member
Robert Nichols
Typed or printed name of signee

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TALLAHASSEE, FLORIDA