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SECRETARY OF STATE

T. CLINE

AUG 2 7 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
suвјест: <u>5e/</u>	ect Marketing Name of Limi	Advisors, LCC ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Khal D	Name of Person		
	Select Ma	(Keling Advisors, Co	<u> </u>	
		ABC Military Train		
į	west Palm	Beach Florida 3 City/State and Zip Code	34,5 SECRETARY	2009 AUG 26
}		(a) L, u.e., Com to be used for future annual report notifical	~ C	26
For further information	concerning this matter, please c	·	100) E. E. S. C. E. E. C. E. E. C. E.	PH 12: 48
Khal Dac Name	of Person	at (<u>248) 89/-2/</u> Area Code & Daytime T	elephone Number	ω
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 e	

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**

Select Market	iability Company Torida Limited Lia	v as it now appe	ars on our	records.)		_	
The Articles of Organization for this Limited Liab Florida document number <u>LG 4666746</u>	bility Company v				and	d assign	ed
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liabil	ity company h	ere:				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Com	pany," the o	designation "	LLC" or	the abbr	reviation
Enter new principal offices address, if applicab	ble:						
(Principal office address MUST BE A STREET	ADDRESS)						
,					形の	20099	
					内部	AUG	elitatija en
Enter new mailing address, if applicable:					<u> 동</u> 로	₩	AND THE
(Mailing address MAY BE A POST OFFICE Be	<u>OX)</u>				<u> </u>	6	4
•					77 TH	<u> </u>	gysenegg Marine 197
					827	2	
B. If amending the registered agent and/or registered agent and/or the new registered office			our reco	rds, <u>enter</u>	the nan	<u>ne-af tl</u>	<u>he new</u>
Name of New Registered Agent:	Khal I	-	7	<u> </u>			
New Registered Office Address:	1241 W	it ABC	Mili Enter Florie	Lary da street ad	Trail		
	West 1	Palm Be	ach	, Florida	33	415	•
New Registered Agent's Signature, if changing Re		City			Zip (Sode	

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.

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:

Title	anaging Member <u>Name</u>	<u>Address</u>	Type of Action
MGRM	Daniel Sampson	1131 Rainward Circle We Palm Beach Garden 5 FG 33	5 ← □ Add 416 Ø Remove
MGRM	Khal Dawood	1241 unil ABC S Military To West Palon Beach, FL 33415	Add Remove
			Add Remove
and the same of th			Add
			Remove
3			PREIROVE
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary	·
-			
Pa	In Beach Gardens, F	e also from 1131 R	
<u> F</u> e	> 1241 unit ABC.		
. ih		FL 33415	
· ,			
Dated &	120/09		
} }	// . \	or authorized representative of a member	
<i>;</i> –	Khal Da Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00