L05000073366

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Pusiness Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE
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J. BRYAN

DEC 17 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT:	3 Advisors, LLe		
	Name of Limited Liability (Company	
The enclosed Articles of A	mendment and fee(s) are submitted for fili	ing.	
Please return all correspor	dence concerning this matter to the follow	ing:	SF TAI
	Lawrence G	orden	TAREAS DEC 16
	Lo Advisors	LLC	THE REST
	10970 SW	69th arr	
	Miami, F	Floride 3	3156
	Larry S I D @ E-mail address to be used for fi		
	* · · · · · · · · · · · · · · · · · · ·	uture annual report notification)	
For further information co	ncerning this matter, please call:	* * * * * * * * * * * * * * * * * * * *	•
Lawrence	: Gordon at C	305 321-72	42
Name of	Person	Area Code & Daytime Telepi	hone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	Certificate of Status Certificate	Filing Fee & [] ied Copy ional 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LG Adviso	rs, LLC			
(Name of the Limited Liability C (A Florida Lia		our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L0500007336</u>	mpany were filed on $\frac{7/26}{46}$	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the	ne designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>	200 C		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DEC 16 AN 11: 43 DEC 16 AN 11: 43 CRETARY OF STATE AMASSEE, FLORID		
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		ecords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter Flo	Enter Florida street address		
	City	, Florida		
	•	1		

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.

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 Title Name **Address** Type of Action Junet F. Gordon ∏ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dec 14, 2009 Dated __ Signature of a member or authorized representative of a member Lawrence (Surdan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00