## 10600002797

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:





300304677053

10/24/17--01032--002 \*\*25.00

2817 OCT 24 (AHII: 18

OCT ? CAPE

## **COVER LETTER**

	egistration Secti vision of Corpo			
SUBJECT	. 2	OCK GROUP	ADVISORS LLC	
COMPACT	•	Name of Limi	ted Liability Company	
The enclose	ed Articles of An	nendment and fee(s) are subm	mitted for filing.	
Please retur	n all correspond	ence concerning this matter t	o the following:	
		ALAN N	Name of Person	
			Name of Person	
		Rocual	out Advisors LL	Ċ
			r uni/Company	
		2840 WB	ST BAY DR, STE	Z88
		BELLEAR	City/State and Zip Code	3770
		0	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notificat	ion)
For further	information cond	erning this matter, please ca		
Au	an Mag	PRULLIZE	at (777) 415 - S=	149
	Name of Pe	rson	Area Code Daytime Te	lephone Number
Enclosed is	a check for the I	ollowing 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   tadditional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kock CROUP ADVISORS LLC	
( <u>Name of the Limited Liability Company as it now appears on o</u> (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on	9/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	K.3
	<b>→</b> • -
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	* 1 • • •
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida str	eet address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager

AMBR = Authorized Member

MGR	JOHN LEE WILKERSON	1.0.	
	DILL CC MITKERSON	418 NW SUNTIEW W	AN CONTRACTOR
		PORT ST LUCIE FL 3498	36 □ Remove
			Add
			Remove
			·
<u>_</u>			Add
			Remove
			🗖 Add
			□ Remove
			_
			□ Add
			Remove
			- 22
			Add
		· · · · · · · · · · · · · · · · · · ·	_□ Remove

<del></del>	
-	
The effect	te date, if other than the date of filing:
the date t	
	Octobble 23 2017
	CONTROL CARPTIL GROUP LLC (MEMBE Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00