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COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: CERTIFIED ACQUISITION ADVISORS 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:

DANIEL J. MALONEY
Name of Person CERTIFIED ACQUISITION ADVISORS LLC
Firm/Company W. PLATT ST. TAMPA FL 33609
City/State and Zip Code Dan @ CERTIFIED ACQUIS 1776NS, Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN MALONEY Name of Person

at (813) 282 8080

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number LO 60000 23873	<u> </u>			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here:			
CERTIFIED ACQUIS	MON ADVISORS	LLC		
The new name must be distinguishable and end with the vull.L.C."				
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
		2		
Enter new mailing address, if applicable:		S		
(Mailing address MAY BE A POST OFFICE BOX)		\$ 7 / ·		
		37 \$ 11		
,				
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		ords, enter Me name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flor	er Florida street address		
<u> </u>		, Florida		
	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.

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

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add Remove	
	····		Add Remove	
 			Add Remove	
D. If aı	nending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_	
			_	
Dated _	Double a langu	or or authorized representative of a member		
	DANIEL J. MALON	•	·····	

Page 2 of 2

Filing Fee: \$25.00