•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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JUL 2 7 2009

EXAMINER

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COVER LETTER

TO:	Registration Sect Division of Corpo		•			
SUBJE	ECT:	Senior Est	ate Advisors LLC			
		Name of Limi	ited Liability Company		_	
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
	Brian Andersen				_	
Name of Person						
	Senior Estate Advisors LLC				_	
			Firm/Company			
	1575 Indian River Blvd. Suite C-225					
		*****	Address			
	Vero Beach, FL 32960					
	City/State and Zip Code					
		E-mail address: (to be used for future annual repo	ort notification)	_	
For fur	ther information con	cerning this matter, please of	call:			
	Brian	Andersen	at (772)	562-0088		
Name of Person			Daytime Telephone Num	ber		
Enclose	ed 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 en	Certifnclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration	Corporations	:		
		ee, FL 32314		tive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Senior Es	state Advisors LLC	<u>; </u>			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Co	8/30/06	and assigned			
Florida document numberL06000043872	<u>-</u> :				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company her	<u>·e</u> :			
	Advisory Group LLC				
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	iny," the designation	7174 0350	3	breviation
Enter new principal offices address, if applicable:			発		
(Principal office address MUST BE A STREET ADDRI	ESS)	W	SSE	2	<u> </u>
			in C	2	m
			STATE	ö	O
Enter new mailing address, if applicable:			O'm	ယ	
(Mailing address MAY BE A POST OFFICE BOX)		 			
					<u>_</u>
B. If amending the registered agent and/or registe	ered office address on o	our records, ente	r the n	ame of	the new
registered agent and/or the new registered office addre		2110	<u> </u>		the her
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida street d	address		
		, 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 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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
, and a second s			Add Remove
			Add Remove
			Add Remove
			AR BRemove
<u></u>	·		ARY OF STORY
<u> </u>			PAdd ☐Add ☐Remove
D. If ame	nding any other informatio	n, enter change(s) here: (Attach additional a	· · · · · · · · · · · · · · · · · · ·
-			
-			
Dated	July 22		
	Signat	ure of a member or authorized representative of a	a member
	Signat	Brian Andersen	a memo€i
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00