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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Senior Estate 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:
Brian Andersen Sheri Andersen
<u>Venior Estate Advisors, LLC</u> Firm/Company
1575 Indian River Blvd. Suite C-225 Address
Vero Beach, FL 32960 City/State and Zip Code Seniores tate bell south. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Sheri Andersen Brian Andersen at (772) 562 - 0088 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sqrt{\$25.00}\$ \text{ Filing Fee} \text{ \$\sqrt{\$55.00}\$ \text{ Filing Fee & \$\text{ Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ \$\text{ Certified Copy (additional copy is enclosed)} \text

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

<u> Venior Esta</u>	ate Havisors	LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Consideration for the Consideration of the Consideration of the Consideration for this Limited Liability Consideration for the Consideration	Company were filed on	1/24/06 and ssigned
This amendment is submitted to amend the following:		SSEE ED
A. If amending name, enter the new name of the lim	ited liability company here:	Es :
The Andersen	Group, LA	LC SES
The new name must be distinguishable and end with the wor "L.L.C."		"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter	Florida street 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			#dd Femove
			Add Remove
·			Damaua
	······································		Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if n	ecessary.)
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	oril 30th a 20	0100	,
Dated <u>Of</u>	Bush	n. Ondersen	

Page 2 of 2

Filing Fee: \$25.00