L07000005022

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D. BRUCE
JAN 3 1 2012
EXAMINER

COVER LETTER

TO:

Registration Section

Division	of Corporations				
SUBJECT:	Independent Retir	rement Planning Advisors, LLC			
		Limited Liability Company			
The enclosed Art	icles of Amendment and fee(s) ar	e submitted for filing.			
Please return all c	correspondence concerning this m	atter to the following:			
		Harry N McCall	_		
		Name of Person			
	Independe	nt Retirement Planning Advisors, LLC	-		
		1 min/company			
		2245 Killarney Way	-		
		Address		12	
		Tallahassee, FL 32309	<u>7</u> 2.	JAN 30	4
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	- 1888 -	30	
		hnmccallcfp@earthlink.net	SSEE, F	7.0 2.1	П
		ess: (to be used for future annual report notification)	STATE FLORIDA	Ÿ	
For further inform	nation concerning this matter, plea	ase call:	ROA	<u>ල</u>	
	Harry N McCall	at (_850) 491-2208			
Name of Person		Area Code & Daytime Telephone Numbe	Т		
Enclosed is a chec	k for the following amount:				
325.00 Filing	Fee \$\sqrt{30.00}\$ Filing Fee & Certificate of State	(additional copy is enclosed) Certified	ate of Stat		osed)
	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

Independent Retirement	Planning Advis	sors, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears iability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	01/22/2007	and assigned
Florida document numberL0700005022			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	·		
Independent Financial Pla			On 1 11 1 1
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company	y," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		
		ر بر محرفه این مسلم سرم مسلم	, <u>v</u>
		7 (5 m) 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	₹ II
Enter new mailing address, if applicable:		00 m	<u>မ</u>
(Mailing address MAY BE A POST OFFICE BOX)		in e	<u> </u>
		FLORING CRIE	ÿ Ū
		<u> </u>	の (20)
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on ou :	r records, <u>enter¹³the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	r Florida street addre	ss
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ete performance of rovided for in Cha	my duties, and I am pter 608, F.S. Or, if	familiar with and this document is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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>:

IGR = M IGRM =	anager Managing Member	
<u>itle</u>	<u>Name</u>	Address Type of Act
·		Add Remove
		Add Remove
<u> </u>		Add Remove
		Add
		AddRemove
		AddRemove
If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)
 ted	JANUARY 25 ————————————————————————————————————	ORIUA 6
)	er or authorized representative of a member **MEGALL** d or printed name of signee

Page 2 of 2

Filing Fee: \$25.00