Loroa	2041147	
(Requestor's Name) (Address) (Address)	600237721596	
(City/State/Zip/Phone #)	07/26/1201008014 **25.00 FILED FALEARAY OF STATE FLORIDA	
, Office Use Only		
	N. Guttigan JUL 2 7 2012	

**COVER LETTER** 

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<sup>7</sup> Registration Section Division of Corporations TO;

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Tallahassee, FL 32314

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SUBJECT:	Church Street	Capital Advisors, LLC	
	Name of Lim	ited Liability Company	
The enclosed Arti	icles of Amendment and fee(s) are sul	binitted for filing.	
Please return all c	correspondence concerning this matter	to the following:	
		Kevin A. Tuttle	
		Name of Person	
	Tessera	act Asset Management, LL	.C
		Firm/Company	
	189 S.	Orange Ave., STE 1510 S	3
		Address	
		Orlando, FL 32801	
		City/State and Zip Code	
	E-mail address: (	at@tamportfolios.com	ification)
For further inform	nation concerning this matter, please o	eaff:	
	Kevin A. Tuttle	at ( 407 )	230-9053
	Name of Person	at () Area Code & Daytin	ne Telephone Number
Enclosed is a che	ck for the following amount:		
▶ \$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	

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

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION** OF

Church Street Cap ( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document numberL07000041147	were filed on 4/17/2007 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :
The new name must be distinguishable and end with the words "Lim"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	189 S. Orange Ave.
(Principal office address MUST BE A STREET ADDRESS)	Suite 1510 S
	Orlando, FL 32801
Enter new mailing address, if applicable:	189 S. Orange Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Suite 1510 S Orlando, FL 32801

FILED

12 JUL 26 桶目: 15

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Asset Architects Inc		
New Registered Office Address:	2441 West SR 426, Suite 1051 Enter Florida street address		
	Oviedo	, Florida	32765
	City	<b></b>	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 Revistered Agent, Signature of New Registered Agent

Page 1 of 2

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

MGR = Manager MGRM = Managing Member

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Title	Name	Address	<u>Type of Action</u>		
MGR	John W DuBrule	201 S. Orange Ave, Suite 1510 Orlando, FL 32801	Add Remove		
MGR	Kevin A. Tuttle	189 S. Oraange Ave. Suite 1510 S Orlando, FL 32801	_ ℓ Add _ Remove 		
MGR	Tony Frezza	2441 West ST 426 Sutie 1051 Oviedo, FL 32765	_ ℓ Add Remove		
			Add Remove 		
			Add Remove		
			Add Remove		
D. If amendin	ig any other information, enter change(s	s) here: (Attach additional sheets, if necessar)	FILL SUL S		
		SSEE FLORIUA	FILED JUL 26 MAH: 15		
	`` ``	··	_		
Fighture of a member or authorized representative of a member					
John W. DuBrule					
Typed or printed name of signee					
Page 2 of 2					
Filing Fee: \$25.00					

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