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Office Use Only



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SECRETARY OF STATE
MILLAHASSEE ELONG.

T. HAMPTON

JUL 2 9 2008

EXAMINER

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Advisors Invistment Group, 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:
(Name of Person)
(Firm/Company)
9379 Cobbleston Brooke Ct
Boynton Bch. F! 33437 (City/State and Zip Code)
For further information concerning this matter, please call: Cary Del Gillo Je at (561, 504-577) (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

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Advisors Investment Group, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number _____ LO ____ 0000 5213___.

This amendment is submitted to amend the following:

N	A	-	 		

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end	with	the words "Limited Liability Con	mpany,"	the designation '	LLC"	or the abbreviation
"L.L.C."						

Enter new principal offices address, if applicable:	#	9379 Cobblest	ne BrookeCt
(Principal office address MUST BE A STREET ADDRESS)	<i>F</i> /	Boynton Boh, 1	-1. <u>3343</u> 7

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Bryntm Bch, Fl. 33437

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:	~ / /	
New Registered Office Address:	(Enter Flor	rida street address)
	(3.00.716.	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Gene P. Siegrist Remove ☐ Add Remove Add 🗂 Remove Add Remove ☐ Add Remove _ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) <u></u>እዕዕዩ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00