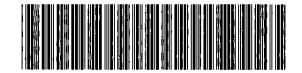
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co		
SUBJECT: Ste	Cutegic Asset Wanageoneut Group, LLC (Name of Limited Liability Company)	
	(Name of Limited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ondence concerning this matter to the following:	
	Richard A. Rarver	
	(Name of Person)	
	(Firm/Company)	
	16170 Poppysced CIRCLE Unit GOX	
	Del Ray Black FL 33484	
	(City/State and Zip Code)	
For further information	concerning this matter, please call:	
	4. Ratuer at (541) 499-8699	
(Name	of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	.ed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

t.

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION 08 NOV 26 AM 10: 46

SECRETARY OF STATE (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil	ity Company were filed on	8/24/07	and assigned	
Florida document number <u>LOTOOOO \$2</u>	67 <u>3</u> 5			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company h	ere:		
PRINCIPAL PROTECTION The new name must be distinguishable and end with the	ASSET ADVI	SORS, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable	<u></u>			
(Principal office address MUST BE A STREET A	DDRESS)	··· · · · · · · · · · · · · · · · · ·		
	<u> </u>	······································		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
	 		 .	
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	1-18-19-19-19-19-19-19-19-19-19-19-19-19-19-	· · · · · · · · · · · · · · · · · · ·		
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:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
			Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ury.)
_			OS NOV
			W26 AV
_			MIO: 46
Dated	November 24, 2	008	15-7
	When Akat	in	
	November 24, 2 Nihul Akut Richard A. K	er or authorized representative of a member	
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00