07000112490

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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T. HAMPTON

JUL 1 3 2009

EXAMINER

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration S Division of Ço					
SUBJ	ፍርፕ·	Investech Retiren	nent Plan Advisors, LLC			
3000	<u></u>	······································	Name of Limited Liability Company			
		f Amendment and fee(s) are sub ondence concerning this matter				
			Scott Maurer			
		4	Name of Person			
Ca		Ca	llahan and Maurer, PA			
			Firm/Company			
		1319	91 Starkey Road, Suite 9			
			Address			
			Largo, FL 33773			
			City/State and Zip Code			
		ion)				
For fu	irther information	concerning this matter, please of	eall:			
	ş	Scott Maurer	at (_727)45	50-8672		
Name of Person		of Person	at (<u>727)</u> 45 Area Code & Daytime T	elephone Number		
Enclo	sed is a check for	the following amount:				
\$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations		tration Section	STREET/COURIER Registration Section Division of Corporati			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Investech Retirement Plan Advis	sors, LLC	
(<u>Na</u>	me of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization	for this Limited Liability Company were filed on _	11/06/2007	and assigned
Florida document number	L07000112490		
This amendment is submitted	to amend the following:		
A. If amending name, enter	the new name of the limited liability company	here:	
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Liability Cor	npany," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:	_	
(Principal office address MU	ST BE A STREET ADDRESS)		
Enter new mailing address, (Mailing address MAY BE A			FILED STAFE STAFE
	ered agent and/or registered office address o new registered office address here:	n our records, <u>enter t</u>	→ 22
Name of New Regis	tered Agent:		
New Registered Off	ice Address:	Enter Florida street add	hagg
		Enier Fioriaa sireet aaa	ress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Jewell Financial Group, Inc.	2729 SR 580 Suite C Clearwater, FL 33761	Add ✓ Remove
MGR_	Kenneth Jewell	2729 SR 580 Suite C Clearwater, FL 33761	Add Remove
MGR_	Mike Montgomery	2729 SR 580 Suite C Clearwater, FL 33761	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	SECRETARY OF STATE DIVISION OF CORPORATIONS
Dated	JUY 6 . 20	1.4ll	
	_	er or authorized representative of a member	
		ident of The Jewell Financial Group, Indah, dor printed name of signee	<u> </u>

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Filing Fee: \$25.00