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SECRETARY OF STATE

D. BRUCE SEP 2 8 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Investech Retirer	nent Plan Advisors, LLC			
	Name of Lim	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
,		Scott Maurer			
Name of Person					
Callahan & Maurer, PA					
Firm/Company					
13191 Starkey Rd. , Suite 9 Address					
Largo, FL 33773					
	•	City/State and Zip Code			
	E-mail address: (to be used for future annual report notifical	ion)	SEC.	
For further information	concerning this matter, please	call:		SEP 25 RETAR) AHASSI	,j.
	Scott Maurer	at (727) 45	50-8672	<u> </u>	ł
Name of Person Area Code & Daytime Telephone Number				PM 1: OF STA	MO
				: 03 TATE DRID	
Enclosed is a check for	the following amount:			≶''' ₩	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	i)

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

Investech Retirement I	Plan Advis <u>o</u> i	s, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appear ibility Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company v	vere filed on	11/06/2007	and assigned	
Florida document numberL07000112490				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :		
Fiduciary Partners Investr		<u> </u>		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	ny," the designation "L	09 (SEC	
Enter new principal offices address, if applicable:			_ 至 3	
(Principal office address MUST BE A STREET ADDRESS)			- SS - 25	
			Fs _ C	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			DE 3	
•				
B. If amending the registered agent and/or registered offi	ce address on o	our records, enter ti	he name of the new	
registered agent and/or the new registered office address here		<u> </u>		
Name of New Registered Agent:				
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 = Managing Member **Title** Name Address Type of Action MGR Kenneth Jewell 2729 SR 580, SUITE C ☐ Add Remove Mike Montgomery MGR □ Add Remove MGR The Jewell Financial Group 2729 SR 580, SUITE C **V** Add CLEARWATER FL 33761 US Remove Add Remove \square Add Remove ___Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 21 Signature of a member or authorized representative of a member Kenneth Jewell

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00