L0800003213

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
•	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status : : :::

Special Instructions to Filing Officer:

L. SELLERS

JUL 22 2009

EXAMINER

Office Use Only



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06/10/09--01018--031 **168.00

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9 JUL 21 PH 12: 57

SECRETARY OF STATE

ANALYSISE FLORID

COVER LETTER OR

	egistration Section ivision of Corpor				
SUBJECT	'•	ACQUIS A	ADVISERS, LLC		
COBCECT	•	Name of Limit	ted Liability Company		
		endment and fee(s) are sub			
			ANITA YEATES		
	-		Name of Person		_
DOVE PROJECT ADVISERS, LLC					
	•		Firm/Company		
	_				
•			Address		
CORAL SPRINGS, FLORIDA 33076					
City/State and Zip Code					
	yeates.anita@gmail.com E-mail address: (to be used for future annual report notification)				
For further	information conc	erning this matter, please c	all:		
	ANITA	YEATES	at (954)	646-7135	
	Name of Pe	rson		aytime Telephone Numb	er
Enclosed is	s a check for the f	ollowing amount:			
\$25.00	Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific closed) Certific	iling Fee, cate of Status & ed Copy onal 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



June 11, 2009

ANITA YEATES 5858 NW 119TH DRIVE CORAL SPRINGS, FL

SUBJECT: ACQUIS ADVISERS, LLC

Ref. Number: L08000023273

We have received your document for ACQUIS ADVISERS, LLC and your check(s) totaling \$168.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P02000116174.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 509A00019790

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACQUIS ADV	<u>'ISERS, LLC</u>		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records,)	——
•			
The Articles of Organization for this Limited Liability Company	were filed on	03/05/2008	and assigned
Florida document numberL08000023273			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
DOVE PROJECT A	ADVISERS, LL	С	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	5858 NW 11	9TH DRIVE	
•	CORAL SPE	RINGS, FLORIDA	33076
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office address her	<u>e</u> :	, .	
			智り工
Name of New Registered Agent:			SS T
New Registered Office Address:			me 3
	Er	nter Florida street <u>a</u> dd	ASS. W
		, Florida	55 ST
	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

Page 1 of 2

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 ≠ M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
· :			Add Remove
· .			AddRemove
			Add Remove
	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces	ssary.)
			<u>. </u>
Dated	Signature of a member	009 er or authorized representative of a member ANITA YEATES	FILED O9 ML 21 MISSING SECRETARY OF STA

Page 2 of 2

Filing Fee: \$25.00