L08000049781

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(Ad	dress)			
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(Cit	y/State/Zip/Phone	: #)		
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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

T. HAMPTON

SEP 1 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpora		•			
SUBJECT: BOAR &	Advisory (Name of Limi	LLC ited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
_	Paul MC	(Name of Person)			
	Board Ad	(Firm/Company)			
	870 3	Bay Hill Blud			
		(Address)			
	Orlando	FL 3281 9			
	/	(City/State and Zip Code)			
For further information concerning this matter, please call:					
Paul MC Connell at (407) 876 - 7349 (Name of Person) (Area Code & Daytime Telephone Number)			19		
(Maine of Fer	5011 <i>)</i>	(Area Code & Daytime Te	repriore rautioer)		
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)	□\$60.00 Filing Fee, Certificate of Status & 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

Board Advisory,	LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>LO80000 49781</u> .	pany were filed onMay_!	9, 2008 and assigned
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 distinguishable and end with the words "l"L.L.C."	Limited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	SEC TALL
		AR SO THE
		P II
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		PLO PLO
		ATE RID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Flori	da 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** <u>Name</u> Address **Type of Action** Paul Mc Connell Marm _ Add Remove Jeff Mc Cutcheon Made _ Add Remove Mc Connell & Company Truc Marm Add Remove Mc Cutchean, LLC MGRM 756 Elder Lane Add Remove ſ**□** Add Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Paul MC (unne (!

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00