108000080087

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
,	·			
(C)	ty/State/Zip/Phone	#\		
(Cil	ly/State/Zip/Filone	")		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	e)		
(23		-,		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer			
Special instructions to	ring Officer.			
	•			





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02/17/09--01032--022 **60.00



S. HAWKES
FEB 1 8 2009
EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: Reti	rement Ac	dvisory Consul	tants, LLC		
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter to	the following:			
-	Tina	J. Fontaine-	Galati		
· .		(Firm/Company)	*		
-	925 Wes	stwinds Blud	*. <u> </u>		
-	Tarpon	City/State and Zip Code)	3 <i>468</i> 7		
For further information conc	erning this matter, please cal	li:			
Name of Po	erson)	at (727) 505-3 (Area Code & Daytime Te	18/34 lephone Number)		
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)	Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

TO:

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

Senior Solutions for Retirement, LLC
(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number	_	8-21-08	and assigned
A. If amending name, enter the new name of the Refire ment Ad The new name must be distinguishable and end with the "L.L.C."	limited liability company I	sultants. L	C" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street addre	ess)
	(City)	, Florida	(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:

1GR = Ma 1GRM = 1	nnager Managing Member	•	
<u>`itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
	·		Add Remove
			Remove
			Add Remove
			Add Remove
			Add Remove
If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	
			
			
ated	February II.	2009.	
	Signature of a Tina T.	Fontaine-Galati Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00