## L08000/06/04

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status <u>* 1:20 r - 1</u>					
Special Instructions to Filing Officer:					
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T. HAMPTON
JUN 3 0 2009

EXAMINER

## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration So Division of Co							
SUBJE	ECT:	Veriloguent W	Vealth Advisors, LLC	sors, LLC				
	Name of Limited Liability Company							
		Amendment and fee(s) are sub ondence concerning this matter	-					
			Todd A. Billings					
			Name of Person					
Verilo			uent Wealth Advisors, LLC					
			Firm/Company					
		12	2316 Royal Palm Blvd.					
			Address					
		Cc	oral Springs, FL, 33076					
			City/State and Zip Code					
		todd@vwallc.com  E-mail address: (to be used for future annual report notification)						
For fur	ther information of	concerning this matter, please c	all:					
	To	dd A. Billings	at ( 305 )	790-2522				
Name of Person		<del></del>		ne Telephone Number				
Enclose	ed is a check for t	he following amount:						
□\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COUR Registration Secti Division of Corpo	on					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veriloquent Weali (Name of the Limited Liability Compa (A Florida Limited L	th Advisors, LLC  ny as it now appears on our records.  iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on11-14-2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	4646 Coral Ridge Drive	F 60 851A10
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL, 33076	OR TARK
Enter new mailing address, if applicable:		PA SPO
(Mailing address MAY BE A POST OFFICE BOX)		2: 21
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
	, Florida	Zip Code
	Chy	Lip Coae

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 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 = Ma MGRM = N	nager Ianaging Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add
				Add
				Add Remove
				Add Remove
				Add Remove
	<del></del>			Add Remove
D. If amend	ding any other info	rmation, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETAL DIVISION OF 09 JUN 2
_				FILED STATE NOF CORPORATIONS
	1	7.		ATIONS
Dated	- 22	Signature of a most	er or authorized representative of a member	
			er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00