

L08000106104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

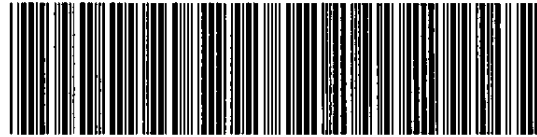
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN 29 PM 2:21

T. HAMPTON

JUN 30 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Veriloquent Wealth Advisors, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd A. Billings

Name of Person

Veriloquent Wealth Advisors, LLC

Firm/Company

12316 Royal Palm Blvd.

Address

Coral Springs, FL, 33076

City/State and Zip Code

todd@vwallc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd A. Billings

Name of Person

at ( 305 )

790-2522

Area Code & Daytime Telephone 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)      ☐ \$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

## Veriloquent Wealth Advisors, LLC

(A Florida Limited Liability Company)

Page 1 of 2

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN 29 PM 2:21

Dated June 22<sup>nd</sup>, 2009

Todd B. [Signature]  
Signature of a member or authorized representative of a member

Todd B. [Typed Name]  
Typed or printed name of signee