L09000008463

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TO:	Registration Sec Division of Cor			•			
elib i		e Jr., MBA, CFP, LLC					
Name of Limited Liability Company							
The e	nclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.				
Please	e return all correspo	ndence concerning this matter	to the following:				
		H. Lee Little, Jr.					
			Name of Person				
		Hunter Wealth	Management				
		3840 Belfort Road #103	rumcompany				
			Address				
		Jacksonville, FL 32216					
			City/State and Zip Code				
		peteocpa@comcast.net E-mail address: (to be used for future annual report notif	ication)			
For fi	urther information c	oncerning this matter, please ca	all:				
Pete	Orlando		at () 223-9331				
	Name o	f Person	Area Code Daytime	: Telephone Number			
Enclo	osed is a check for th	ne following amount:					
S \$	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

	ile, Jr., MBA, CFP, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co. Florida document number L09000008463	ompany were filed on January 27, 2009	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
Jacksonville Wealth Advisors, LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the ab	breviation "I	"L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:		i on	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or regist	torred office address on our resemble enter		, ., .,
B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or the new registered agent and/or the new registered agent and/or the new registered agent	ress here:	်မျှီး ဆို ကြွေး မှ	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address		
	F1		
 -	, 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action □ Add □ Remove _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove Remove □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

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cument's effective date on the Department of State's rec	cords.						
record specifies a delayed effective date, bu The 90th day after the record is filed.	ıt not an	effective	time, at	12:01 a.r	n. on th	ie earli	er
The Soul day after the record is filed.							
January 21 2016							
ated,	•						
Held to the							
Signature of a member of	r authorized	representat	ve of a memi	per		-	

Page 3 of 3

Filing Fee: \$25.00