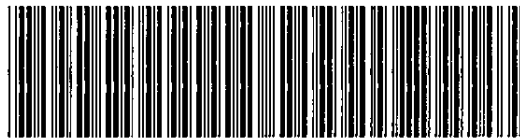


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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J. BRYAN

FEB 23 2011

EXAMINER



**WEALTH MANAGEMENT  
OF PALM BEACH**  
FIRST PALM BEACH ADVISORY CO., INC.

**CHRISTOPHER B. KELLY  
THOMAS B. WALKER**

February 16, 2011

FLORIDA DEPARTMENT OF STATE  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FLORIDA

*COVER LETTER  
2/16/2011*

FILING FOR NAME CHANGE

RETURN ADDRESS:

THOMAS B. WALKER  
224 DATURA STREET  
SUITE 909  
WEST PALM BEACH, FLORIDA 33401

PHONE 561 833 9155

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11 FEB 22 PM 1:36  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BARCLAY-BRELAND PARTNERS, 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:

**FILED**  
**11 FEB 22 PM 1:36**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**THOMAS B. WALKER**  
Name of Person

**FIRST PALM BEACH ADVISORY CO., INC.**  
Firm/Company

**224 DATURA STREET, SUITE 909**  
Address

**WEST PALM BEACH, FL 33401**  
City/State and Zip Code

**FIRSTPB@BELLSOUTH.NET**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**THOMAS B. WALKER** at ( **561** ) **833-9155**  
Name of Person 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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
11 FEB 22 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BARCLAY-BRELAND PARTNERS, 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 Company were filed on JAN 28, 2009 and assigned Florida document number L09000009438.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BARCLAY BRELAND FAMILY OFFICE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

550 HERITAGE DRIVE

SUITE 130

JUPITER, FL 33458

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida 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

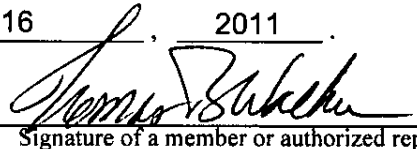
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated FEBRUARY 16, 2011



Signature of a member or authorized representative of a member

THOMAS B. WALKER

Typed or printed name of signee