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D. BRUCE

DEC 17 2009

EXAMINER

## **COVER LETTER**

10:	Registration Section Division of Corporations				
SUBJI	JECT: Commercial Bos Name of Limited	Liebility Company	Group,	LLC	
The en	enclosed Articles of Amendment and fee(s) are submit	tted for filing.			
	e return all correspondence concerning this matter to	_			
	Ro	Name of Person  Venny P.A.  Firm/Company	•		
	1200 N. Fe	deral Highway,	Stile 2		
For fu	IE-mail address: (to b	Fun Florida Scrip/State and Zip Code  G 5kc/blaw, come used for future annual report notificate:  at (561) 210-	ion)	DEC 16 PM CRETARY OF AHASSEE. F	
	Robert P. Giesen Name of Person	at ( <u>561)</u> 210 – Area Code & Daytime T	8476 elephone Number	I: 18 STATE LORIDA	O
Enclos	25.00 Filing Fee Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	ed)
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER Registration Section Division of Corporati			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Commercial	Bussower Advisory Group, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	Bossower Advisory Group, LLC <u>y Company as it now appears on our records.</u> )  Limited Liability Company)		
The Articles of Organization for this Limited Liability (	Company were filed on Mari 4 27 2009 and assigned		
Florida document number 4090000 300	<u>99/</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
Lexington	Cap: tal Advisors, LLC ords "Limited Liability Company," the designation "LLC" or the abbreviation		
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	7. Le 1909 (1908)		
(Principal office address MUST BE A STREET ADD	RESS)		
	- SSER 6		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	stered office address on our records, enter the name of the new		
registered agent and/or the new registered office add	dress 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 Register	ed 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 Title Title <u>Name</u> **Address Type of Action** ☐ Add Remove Remove ☐ Add Remove Remove  $\square$ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Robert P. Giesen

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00