

L09000634893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

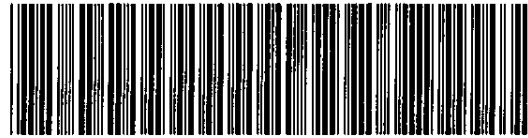
(Business Entity Name)

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2011 DEC 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 30 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACK A. COLLIER WEALTH MANAGEMENT, 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:

D. MICHAEL CARTER, CPA
Name of Person

CFO STRATEGIC
Firm/Company

2320 SOUTH THIRD STREET, # 9
Address

JACKSONVILLE BEACH, FL 32250
City/State and Zip Code

Carter dm@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE CARTER, CPA at (904) 703-8883
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)

\$20.00 - SEE ATTACHED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 DEC 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 6, 2011

D MICHAEL CARTER, CPA
CFO STRATEGIC SOLUTIONS LLC
2320 S THIRD ST - STE 9
JACKSONVILLE, FL 32250

SUBJECT: JACK A. COLLIER WEALTH MANAGEMENT, LLC
Ref. Number: L09000034893

We have received your document for JACK A. COLLIER WEALTH MANAGEMENT, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$20.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00027306

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JACK A. COLLIER WEALTH MANAGEMENT, 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 4/10/09 and signed
Florida document number L09000034893

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

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: CYNTHIA CHENAULT COLLIER

New Registered Office Address: 5506 JAMES C. JOHNSON ROAD

Enter Florida street address

JACKSONVILLE, Florida 32218
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.

Cynthia Chenault Collier
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	Name	Address	Type of Action
MGRM	CYNTHIA CHENAULT COLLIER	5506 JAMES C. JOHNSON ROAD JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JACK A. COLLIER	447 ATLANTIC BLVD, #5 ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2011 DEC 28 PM 1:51

FILED

Dated NOVEMBER 30, 2011

Cynthia Chenault Collier
 Signature of a member or authorized representative of a member
CYNTHIA CHENAULT COLLIER
 Typed or printed name of signee