

L090000062099

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(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 12 PM 3:52

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sullivan Capital Group Investment Advisors LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kimberly Sullivan

Name of Person

Sullivan Capital Group Investment Advisors LLC

Firm/Company

675 West Indiantown Road, Suite 201

Address

Jupiter, Florida 33458

City/State and Zip Code

kimberly@sullivancapitalgroup.com

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

For further information concerning this matter, please call:

Kimberly Sullivan

Name of Person

at (561) **653-1323**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$ 25.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 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**

Sullivan Capital Group Investment Advisors 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 June 26, 2009 and assigned
Florida document number L09000062099.

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)

675 West Indiantown Road

Suite 201

Jupiter, Florida 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

675 West Indiantown Road

Suite 201

Jupiter, Florida 33458

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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:

Kimberly S. Sullivan (same person, address change only)

New Registered Office Address:

675 West Indiantown Road

Enter Florida street address

Jupiter

Florida

33458

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

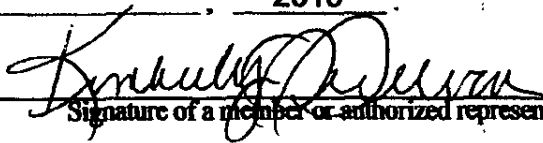
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kimberly S. Sullivan	675 West Indiantown Road Suite 201 Jupiter, Florida 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Pres	Kimberly S. Sullivan	675 West Indiantown Road Suite 201 Jupiter, Florida 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kimberly S. Sullivan	686 Hermitage Circle Palm Beach Gardens, Florida 33410	<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

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

Dated April 7th, 2010



Signature of a member or authorized representative of a member

Kimberly S. Sullivan

Typed or printed name of signee

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