L09000064543

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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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Consider the street of Filips Officer				
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JUL 16 2009				
EXAMINER				

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09 JUL 15 PM 2: 50

SELVINGS SEE FLORIDA

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Columbu	s Advisors LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Juan Pablo Venegas		
		Name of Person		
		Firm/Company		
10932 NW 58th Terrace				
	r	Address		
		Ooral, Florida 33178 City/State and Zip Code	,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	
	jpvene E-mail address: (1	egas@columbus.com to be used for future annual rep	n.MX ort notification)	
For further information	concerning this matter, please c	all:		
	elley Peterson	at (<u>954</u>) Area Code &	447-1951 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 e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: tration Section	Registration		
	ion of Corporations Box 6327	Division of Clifton Bui	Corporations Iding	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Columb (Name of the Limited Liability (A Florida L	OUS Advisors LLC	s on our records.)		
(A Florida L	Limited Liability Company)			
The Articles of Organization for this Limited Liability C	company were filed on	July 6, 2009	and assigne	ed
Florida document numberL0900064543	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :		
Columbus	Private Wealth LLC			
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	ny," the designation "L	.LC" or the abbr	eviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the	<u>he new</u>
			51	
Name of New Registered Agent:			25 <u>39 -</u>	 .
New Registered Office Address:				
	En	ter Florida street ada	ress:	i i
		, Florida	70	
	City		Zip Code	J
New Registered Agent's Signature, if changing Registered	d Agent:		50 25 25 25 25 25 25 25 25 25 25 25 25 25	

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

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Actio
			Add
			Add Remove
		<u> </u>	
	 		Add Remove
			Add
			— — — — — — — — — — — — — — — — — — —
			=
). If amen	ding any other information, en	ter change(s) here: (Attach additional sheets,	if necessary.)
_			
			
<u> </u>			
_	l.b. 7	0000	
Dated	July 7	_,	
	Signature o	of a member or authorized representative of a memb	er
		Juan Pablo Venegas	

Page 2 of 2

Filing Fee: \$25.00