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| (F | Requestor's Name) | |
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| (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL , |
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| (E | Business Entity Name) | : . |
| ::· . (I | Document Number) | |
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| Special Instructions t | to Filing Officer: | |
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EXAMINER

COVER LETTER

| TO: | | stration Sect | | | | | • | | |
|----------|----------|-----------------------|---|---------------------------|---|----------------------------|-------------|---|-------------|
| SUBJE | CT: _ | Vincent | Prestigia como | \กบ ะ Limited L | iability Compa | Advisor | <u>.</u> | | |
| The end | closed | Articles of A | mendment and fee(s) a | e submitte | ed for filing. | | | | |
| Please 1 | return : | all correspond | dence concerning this n | natter to th | e following: | | | | |
| | | | VINCENT | Pres | Name of Persor | ಲ | | | |
| | | | VINCENT Pr | zst igie | Firm/Company | INVESTMENT | r Adv | risors | |
| | | | 5380 B | LAKE | Address | IRCLE | | | |
| | | | MARGATE | , FL Cit | ty/State and Zip C | 33063 Code | | — <u>78</u> | 7089 SEP 30 |
| | | | VINCENT O UPI | NVESTM | ENT AOVISO | rs . com | ation) | | TP 31 |
| For fur | ther in: | formation cor | ncerning this matter, ple | | | | ŕ | SE S | AN IO. OO |
| VIN | CENT | Prestigi Name of I | Person | | | 502 - 25 Code & Daytime | | lumber - | 900 |
| Enclose | ed is a | check for the | following amount: | | | | | | |
| \$25. | .00 Fil | ing Fee | \$30.00 Filing Fee & Certificate of Stat | us | \$55.00 Filing Certified Cop (additional co | | Ce: | 00 Filing Fee, rtificate of Statu rtified Copy Iditional copy is | |
| | | | | | | | | | |

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

INVESTMENT AdvISORS

LLC

VINCENT Prestignacomo

company has been notified in writing of this change.

| (<u>Name of the Limited Li</u> (A Fl | ability Company as it now a orida Limited Liability Comp | ppears on our records.) any) | |
|---|--|---------------------------------|---------------------|
| The Articles of Organization for this Limited Liab Florida document number <u>しのののののタン</u> 1 | | September 23,200 | and assigned |
| This amendment is submitted to amend the follow | • | | |
| A. If amending name, <u>enter the new name of th</u> | ne limited liability compan | <u>y here</u> : | |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Liability C | ompany," the designation ' | FG B |
| Enter new principal offices address, if applicab | le: | | SE SE |
| (Principal office address MUST BE A STREET . | ADDRESS) | | |
| | | | ma part |
| | | | 5 5 |
| Enter new mailing address, if applicable: | | | 8 |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | | on our records, enter | the name of the new |
| Name of New Registered Agent: | ELAINE S. | PRESTIBIACOM C | |
| New Registered Office Address: | 5380 B LAKE | SOUD CIRCLE | |
| | | Enter Florida street ad | dress |
| | MARGATE | , Florida | 33063 |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | | |

If Changing Registered Agent, Signature of New 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, L hereby confirm that the limited liability

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> | Address | Type of Action |
|--------------|--|---|-----------------------|
| MGR | ELAINE PRESTIBIACONO | 53808 LALEUWOOD CIRCLE MARGATE FL 33063 | Add Remove |
| MGR | M VINCENT PRESTIGIACOMO | 5380 B LAKEWOOD CIRCLE | Add Remove |
| | | | Add Remove |
| ····· | | | Add Remove SCO Add |
| | | | Remove Add Remove |
| D. If a | mending any other information, enter c | hange(s) here: (Attach additional sheets, if necessar | ry.) |
| | | | |
| Dated _ | September 28 , | 2009 | |
| | 1 1 | ember or authorized representative of a member | |
| | Australia In Court Inte | yped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00