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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Name of Limited Liability Company SUBJECT: Advisors, 4 C					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
David Stepanet					
Plue Ocean Advisors, LLC					
3843 - 48 Firm/Company					
St. Petersbuy, FL 33711					
City/State and Zip Code David A Stepanel D Guail. (on E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (8/3) 5/4-5086 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$30.00 Filing Fee & Certificate of Status Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

(Name of the Limited Liability Compa	Advisors	aur records.)	
(A Florida Limited I	Liability Company)	· · ·	
The Articles of Organization for this Limited Liability Company Florida document number 40 7 00011862	were filed on	12/14/co Tand ssigned	
This amendment is submitted to amend the following:		3 R.	
A. If amending name, enter the new name of the limited liab	ility company here:	32	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	100 - 4±	4 AVE South #320	
(Principal office address MUST BE A STREET ADDRESS)	St. Peter	13 AVE South #320 13501g, FL 33701	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the new	
Name of New Registered Agent:	 		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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:

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MGR = Manager

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Dated	9/9/10		>
	Signature of a memb	er or authorized representative of a	member

Page 2 of 2

Filing Fee: \$25.00