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NO. 2083 P. . 1 of 1

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Division of Corporations
Fax Number : (850)617-6383

Account Name : JONES, POSTER, JOHNSTON & STUBBERG ASSETS ASSETS ACCOUNT Number : 076077003231

Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-0431

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ron arsellers com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RON SELLERS & ASSOCIATES, LLC

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1.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ron Sellers &	Associates, LLC	
(A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Logonoleum Logonol	any were filed on December 29, 2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ia <u>bility company here</u> :	
Key Retire A	Advisors, LLC	
The new name must be distinguishable and end with the words "L. "L.L.C."		···*/•
Enter new principal offices address, if applicable:	300 Avenue of the Champions, S	Suite 240 ==
(Principal office address MUST BE A STREET ADDRESS)		
		RY OF
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		STATE LORID,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	55
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	ut:	

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.

Page 1 of 2

MGR = Manager

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

MGRM =	Managing Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			
<del></del>			
			Add Remove
			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if ne	GESSATY) FALLIAHASSE
<u></u>			M 9: 07 YOF STATE
Dated	November 14 ,	2011 .	-
	Signature of a mo	ember or authorized representative of a member	
	Larry B. Alex	xander, Authorized Representative	
	<u> </u>	yped or printed name of signee	

Page 2 of 2

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