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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

MAY 1 6 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trans Advisors Group LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Randy Alan Pattison Name of Person
Pattison Wealth LLC Firm/Company
2979 West Bay Drive, Suite 17
Belleair Bluff Fl 33770 City/State and Zip Code r Pattison Offamail Com Email address: (to be used for future annual report notification) Email address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
CO - WERE
For further information concerning this matter, please call: Randy A. Pattison at (727) 408-5295 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \} \$55.00 Filing Fee & \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \} \$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

Trans Advisers	Group LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on Jan 13,	2016 and assigned	
Florida document number <u>L\000005017</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Pattison Wealth	s, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the d	lesignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2979 West	Bay Prive, Suite 17	
(Principal office address MUST BE A STREET ADDRESS)	Belleair B	Juff, FI	
	····	33770	
Enter new mailing address, if applicable:	rpattison &	Ottamail.com	
(Mailing address MAY BE A POST OFFICE BOX)			
		AR 3 1	
		AR) ASSI	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		rds, enter the name of the new	
registered agent and/or the new registered office address hero	<u>e</u> .		
N. C.V. D. L. LA			
Name of New Registered Agent:		<u></u> → ••	
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
<u></u>			ZO Z	
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar リンワ) Чо8- 5295	ARY OF STATE	
Dated <u>5</u>	Signature of a member	or authorized representative of a member		
		or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00