

L10000028770

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DIVISION OF CORPORATIONS  
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T. HAMPTON  
APR - 4 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advisor Information Network, 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:

Robert Bickford

Name of Person

Advisor Information Network, LLC

Firm/Company

46875 Blackberry Ct

Address

Sterling, VA 20164

City/State and Zip Code

rbickford@advisorin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Bickford

Name of Person

at ( 571 )

230-4237

Area Code & 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 enclosed)

\$60.00 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  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 APR -1 AM 11:20

Advisor Information Network, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 18, 2010 and assigned Florida document number L10000028770.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Advisor Information Network

*(Principal office address MUST BE A STREET ADDRESS)*

8537 Estate Drive

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

Advisor Information Network

*(Mailing address MAY BE A POST OFFICE BOX)*

46875 Blackberry Ct

Sterling, VA 20164

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

8537 Estate Drive

*Enter Florida street address*

West Palm Beach

Florida

33411

*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:

MGR=Manager  
MGRM=Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Richard Schilffarth	9600 Great Hills Trail Suite 150W Austin, TX 78759	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	William Hoover	8537 Estate Drive West Palm Beach, FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	Jay Rohr	17 Lipscomb Ct Sterling, VA 20164	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 28, 2011



Signature of a member or authorized representative of a member

Robert Bickford

Typed or printed name of signee

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