

L1000029739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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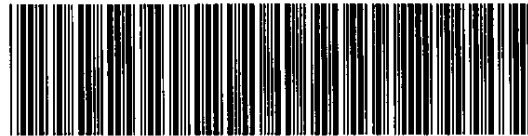
(Business Entity Name)

(Document Number)

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FILED  
10 AUG 27 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 30 2010

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALAMOSA ADVISORS, 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:

THOMAS MILLER

Name of Person

ALAMOSA ADVISORS, LLC

Firm/Company

6900 OAKLAND AVENUE

Address

RICHFIELD, MN 55423

City/State and Zip Code

TMILLER@ALAMOSAADVISORS.COM

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

For further information concerning this matter, please call:

THOMAS MILLER

Name of Person

at ( 727 )

348-4017

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ALAMOSA ADVISORS, LLC

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

FILED  
10 AUG 27 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/17/10 and assigned  
Florida document number L10000029739.

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 "L.L.C."

Enter new principal offices address, if applicable:

6900 OAKLAND AVENUE

(Principal office address MUST BE A STREET ADDRESS)

RICHFIELD, MN 55423

Enter new mailing address, if applicable:

6900 OAKLAND AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

RICHFIELD, MN 55423

**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:

JEFFREY G MCWILLIAMS

New Registered Office Address:

1180 EDEN ISLE BOULEVARD NE

*Enter Florida street address*

ST PETERSBURG

*City*

, Florida

33704

*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.*

*[Signature]*  
**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:

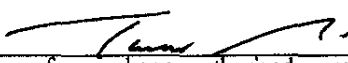
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input 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
			<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 AUGUST 6, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

THOMAS MILLER  
\_\_\_\_\_  
Typed or printed name of signee

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10 AUG 27 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA