L10000050105

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SECRETARY OF STATE DIVISION OF CORPORATION

N. Cuttigan APR 2 8 2011

COVER LETTER

Division of Cor	porations		
SUBJECT:	Riverstone Wea	alth Management, LLC	
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Bartly J. Loethen	
		Name of Person	
	Sy	nergy Law Group, LLC	
		Firm/Company	
	730 '	W. Randolph St, Ste 600	
		Address	
		Chicago, IL 60661	
City/State and Zip Code			
	mmartin	nez@synergylawgroup.com	
		to be used for future annual report notific	ation)
For further information c	oncerning this matter, please c	all:	
Bartly J. Loethen		at (312_)4 Area Code & Daytime	54-0015
	reison	Area Code & Daytille	reiepholie Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

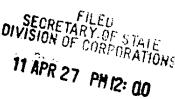
Registration Section

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



Riverstone	Wealth Managemen	, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabilit	ry Company were filed on	May 10, 2010 and a	ssigned
Florida document numberL10000050105			
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
Riversto	ne Wealth Advisors, LLC	;	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "LLC" or th	e abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or re		our records, enter the name	of the new
registered agent and/or the new registered office a	<u>iddress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Er	ter Florida street address	
		, Florida	
_	City	Zip Co	de

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 = N	Managing Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
D. If amen	ding any other information, en	nter change(s) here: (Attach additional sheets, if necessary.	SEGRETARY B VISION OF COR 11 APR 27 P
Dated	April 20	, <u>2011</u> .	F STATE PORATIONS
	Signature of	of a member or authorized representative of a member	
		Bartly J. Loethen, Manager	
		Typed or printed name of signee	

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Filing Fee: \$25.00