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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:
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TALLAIM SSEE, FLORIDA

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05 98 9- AND 1852 NO.

J. SAULSBERRY EXAMINER

NOV 7 20 Sugar

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Overview Advisors I	LLC		•
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<u> </u>			
			<u> </u>
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark 37 22
			Trade/Service Mark
•			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
0:			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH			UCC 1 or 3 File
	10/06/12		UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In	Will Pick Up		Courier

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ndence concerning this matter to the following:		
	Ma-K E. Pena Name of Person		
	Name of Person		
	Law Office of Mark E Para P.A Firm/Company		
	Firm/Company		
	Address Tayla FC 33606 City/State and Zip Code SECLAWAR & GMAIL COM E-mail address: (to be used for future annual report notification)		
	Tando For 20126		
	Street 27 Street		
	SCC 1 0/1 m/2 00 C m/2 1/2 CDM		
	E-mail address: (to be used for future annual report notification)		
For further information c	oncerning this matter, please call:		
	City/State and Zip Code SECLAWMP @ GMAIL COM E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Ale Person Area Code & Daytime Telephone Number	۲.	
Name o	Person Area Code & Daytime Telephone Number		
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Overview /	Advisors	LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears of Liability Company)	our records.)	_
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on <u>{</u>	23 10 and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim	ited Liability Company,'	' the designation "LLC" or	the abbreviation
"L.L.C."		. The	7817
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		18 m	9
		Si Ni	9-
		me	7
Enter new mailing address, if applicable:		المارية المارية	(Q)
(Mailing address MAY BE A POST OFFICE BOX)	-		رن س
Induting dudress MAT BE ATOST OFFICE BOX			
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the nan	ne of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
- <u>-</u> -		, 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 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>	Address		Type of Action
MGR	Mary Thomas	3917 W.	Buy View Aug	≧ ⊠Add
		TOMP A	FL 33611	Remove
				_
		·		Add
				Remove
				_
			J.o.	Add
				Remove
			35A	6
			FLOWING A	Add #
				S Remove
				Add
		-		Remove
				Add
				Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
Dated	November 2, 2012.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee Page 3 of 3 A land the land the land of the land t
	Provide or printed name of signee
	Filing Fee: \$25.00

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