

L10000087930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

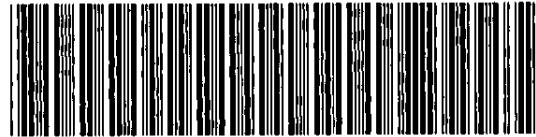
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W Allen

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DEPARTMENT OF STATE
2012 NOV -6 AM 02:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
J. SAULSBERRY
EXAMINER

NOV 7 2012

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 LLC

Signature _____

Requested by: SETH

10/06/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
✓ ____ 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 _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

RECEIVED
TALLAHASSEE, FLORIDA
2012 NOV -6 AM 8:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Overview 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:

Mark E. Pena
Name of Person
Law Office of Mark E Pena P.A
Firm/Company
334 South Hydro Park Ave
Address
Tampa FL 33606
City/State and Zip Code
SECLAWMP@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Pena at (813) 251-1289
Name of Person Area Code & Daytime Telephone Number

SECTION OF STATE
TALLAHASSEE, FLORIDA
2012 NOV - 6 AM 9:50

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

Overview Advisors LLC

The Articles of Organization for this Limited Liability Company were filed on 8/23/10 and assigned Florida document number 410000087930

Page 1 of 3

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

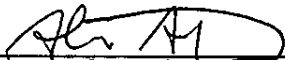
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mary Thomas	3917 W. Bay View Ave	<input checked="" type="checkbox"/> Add
		Tampa Fl 33611	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRET
NOV-6
AM 8:50
FALLAHSSE:FLORIDA

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

Dated November 2, 2012.



Signature of a member or authorized representative of a member

Ali Alchikh as Manager of BlueNursesHoe
Promotions LLC.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA