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(Re	questor's Name)	<u></u>
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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K. SALY EXAMINER NOV - 2 2012

COVER LETTER

TO:	Registration Division of C				
SUBJI	ECT: B	ROKER-DEALER INI	DEPENDENT COUN	ISEL, LLC	
50.00			ited Liability Company		_
The en	closed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please	return all corre	spondence concerning this matter	to the following:		
		MAF	RC L. ABRAMSON, ESC	Q.	
			Name of Person		
		FINANCIAL SERVI	CES INDEPENDENT C	OUNSEL, PLL	C
			Firm/Company		
		106	343 ECHO LAKE DRIVE	=	
		the same of the sa	Address		
		OF	DESSA, FL 33556-2115	,	
			City/State and Zip Code	·	
			@TAMPABAY.RR.CO		_
F C .	4		•	nouncation)	
rortu	rtner informatio	n concerning this matter, please of	can:		
		RC ABRAMSON	at (813)	336-4778	
	Nam	e of Person	Area Code & D	aytime Telephone Nur	aber
Enclos	ed is a check fo	or the following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	MA	ILING ADDRESS:	STREET/CO	OURIER ADDRESS	S:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL 12 No.	-ED+
12 NOV -1	AM 11: 27
SEURETARY O ALL AHASSEE	OF STATE.

BROKER-DEALER INDEPENDENT COUNSEL, 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 Liabil	lity Company were filed on DECEN	MBER 27, 2010 and assigned	
Florida document number L1000013113	3		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
FINANCIAL SERVIC	ES INDEPENDENT COUNSE	L, PLLC	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
transition and the same control of the same co			
B. If amending the registered agent and/or in registered agent and/or the new registered office		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl.	orida street address	
_	City	, Florida 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:

	- Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If a		ange(s) here: (Attach additional sheets, if necessary.) S LIMITED LIABILITY COMPANY LAW FIRM	Λ
		RACTICE OF LAW AS STATED IN THE	`
	ORIGINAL ELECTRONIC ARTICL	ES OF ORGANIZATION FILED ON	
	12/27/2010. THE "PLLC" DESIGN	ATION IS NOW BEING INCLUDED IN THE	_ _
	AMENDED COMPANY NAME TO	REFLECT THE ABOVE FACT.	_
Dated _	Man & Alvan	2012 VVVI ber or authorized representative of a member	
	_	L. ABRAMSON, MEMBER	
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00