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COVER LETTER,

	Divi	stration Sec sion of Corp			
 SUBJEC			are Advisors, LLC		
UBJEC	/l: _		Name of Lim	nited Liability Company	
The enclo	osed	Articles of A	mendment and fee(s) are sub	omitted for filing.	
lease ret	turn :	all correspon	dence concerning this matter	to the following:	
			Steven C. Preskenis, Esq.		
				Name of Person	
			Bolton Global Capital Cor	p.	
				Firm/Company	
			579 Main Street		
				Address	
			Bolton, MA 01740		
				City/State and Zip Code	
			spreskenis@boltonglobal.co		
			E-mail address: (to be used for future annual report n	otification)
or furthe	er inf	ormation cor	cerning this matter, please ca	all:	
Steven C.	. Pre	skenis, Esq.		800 649-3883,	x2219
-		Name of I	Person	Area Code Dayt	ime Telephone Number
Enclosed	isac	check for the	following amount:		
\$25.0	0 Fil	ing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRICKELL SQUARE ADVISORS, LLC

(<u>Name of the Limited</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab		011 and assigned
Florida document number L11000010483	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
BOLTON INTERNATIONAL, LLC		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
B. If amending the registered agent and/or	ragistavad affica address on au	r records onter the name of the new
registered agent and/or the new registered offic		records, einer the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
110111100111111111111111111111111111111	Enter Florida s	treet address
		, Florida Zip Code
	Ciţy	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as registed being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my or red agent as provided for in Chap gistered office address, I hereby co	duties, and I am familiar with and stee 605, F.S. Or, if this document is
сотрану на <i>в осен понувеа н</i> и writing of this end	ange.	Control and Exempe

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	anager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
	·		
			□ Remove
		·	Change
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			Change
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