L1100000 29166

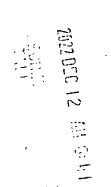
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PICK-UP	WAIT	MAIL
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COVER LETTER

		istration Sec sion of Corp				
SUBJEC		GENERATI	ONS WEALTH ADVISORS.	LLC		
SUBJEC	J1;		Name of Lim	aited Liability Company		
The encl	osed	Articles of A	Amendment and fee(s) are sub	emitted for filing.		
Please re	eturn	all correspor	ndence concerning this matter	to the following:		
			BRIAN M. THERRELL			
				Name of Person	•	
			GENERATIONS WEALT	TH ADVISORS, LLC		
			(1914) - 1	Firm/Company	•	
			1300 NORTH FEDERAL	HIGHWAY SUITE 101	.:	707
				Address	(°.	2022 DEC
			BOCA RATON, FL 33432	2	-(7)	33
				City/State and Zip Code	· 	12
			BTHERRELL@HUSHMA			
				to be used for future annual report notification)	:	∵. ∴
For furth	er in	formation co	ncerning this matter, please co	all:	, 1	
BRIAN	M. T	HERRELL		561 362-2260 at ()		
		Name of	Person	Area Code Daytime Telephone Number	-	
Enclosed	l is a	check for the	e following amount:			
■ \$25.	.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Stan	
	Reg Div P.O	istration S istration of Co ision of Co Box 6327 ahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	annears on our records.						
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ipany)						
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L11000029166}{L11000029166}$.	on MARCH 9, 2011 and assigned						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability compa	any here:						
The new name must be distinguishable and contain the words "Limited Liability Company	v," the designation "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)	20						
	2 DI C						
Enter new mailing address, if applicable:							
Mailing address MAY BE A POST OFFICE BOX)							
<u></u>	· • • • • • • • • • • • • • • • • • • •						
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, <u>enter the name of the new registe</u>						
Name of New Registered Agent:							
New Devictored Office Address.							
New Registered Office Address:	Enter Florida street address						
	, Florida						
City	Zip Code						
New Registered Agent's Signature, if changing Registered Agent:							
thereby accept the appointment as registered agent and agree to act in	n this capacity. I further agree to comply with						
provisions of all statutes relative to the proper and complete performa	nce of my duties, and I am familiar with and						
accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address, i							

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GREGORY J. SANSUM	1300 NORTH FEDERAL HIGHWAY	🗆 Add
		SUITE 101	≣Remove
		BOCA RATON, FL 33432	□Change
		_	□Add
			□Remove
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	cumen	it's effective da	te on the Depa	rtment of S	tate's record	s.					
n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.	ecord s	specifies a dela	ved effective d	ite. but not	an effective	time at 12·	Olamonti	ne earlier of: (b) The 90th	i day after	r th
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records.	is filed	1.	,	,					o, The 70th	day area	•••
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Filing Fee: \$25.00

Typed or printed name of signee