

L110000054160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

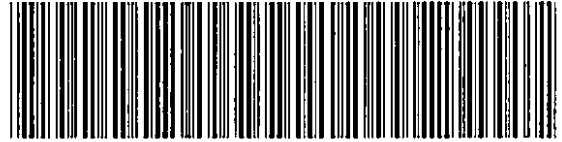
(Business Entity Name)

(Document Number)

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S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BRS FAMILY OFFICE SERVICES, 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:

David A. Sims

\_\_\_\_\_  
Name of Person

Law Office of David A. Sims

\_\_\_\_\_  
Firm/Company

PO Box 241477

\_\_\_\_\_  
Address

Little Rock, AR 72223

\_\_\_\_\_  
City/State and Zip Code

dsims@davidsimsjdphd.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Sims

501

442-4585

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

BRS FAMILY OFFICE SERVICES, 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 Liability Company were filed on 05/12/2011 and assigned  
Florida document number L11000056160

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GENEROSITY ADVISORS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P. O. Box 241477

Little Rock, AR 72223

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Davie E. Sims

New Registered Office Address:

418 The Circle

*Enter Florida street address*

Longwood

Florida 32779

*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 605, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	BRS Consulting, Inc.	10800 Financial Centre Parkway, Ste 280	<input checked="" type="checkbox"/> Add
		Little Rock, AR 72211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lifetogether	27132A Paseo Espada, Ste 423	<input checked="" type="checkbox"/> Add
		San Juan Capistrano, CA 92675	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brett Eastman	41 Costa Brava	<input checked="" type="checkbox"/> Add
		Laguna Nigel, CA 92677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dec Eastman	41 Costa Brava	<input checked="" type="checkbox"/> Add
		Laguna Nigel, CA 92677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David A. Sims	16219 Nation Street	<input checked="" type="checkbox"/> Add
		Little Rock, AR 72223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tamara S. Sims	16219 Nation Street	<input checked="" type="checkbox"/> Add
		Little Rock, AR 72223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

2024 NOV 18 11:06:03  
JUL 10 2006



David A Sims JD PhD PA

Bank of America, N.A.

101

839 Devott Place  
Heathrow, FL 32746  
(888) 596-7373

P.O. Box 241477  
L.A. Rd, NE72223

81-7/820

12/14/2024

PAY TO THE  
ORDER OF

Florida Secretary of State

\$ 60<sup>00</sup>

Sixty 00/100

DOLLAR

MEMO

Article of Amendment  
L 11000056160



AUTHORIZED SIGNATURE

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