

L11000083465

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TALLAHASSEE, FLORIDA

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D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOLAN CAPITAL 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:

BRIAN D. NOLAN
Name of Person

NOLAN CAPITAL ADVISORS LLC
Firm/Company

1930 WESTBOURNE DRIVE
Address

OVIEDO FL 32765
City/State and Zip Code

bnolan@nolancapitaladvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN D. NOLAN at (305) 906-1063
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NOLAN Capital Advisors 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 7/20/2011 and assigned Florida document number L11000083465.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

1930 WESTBOURNE DRIVE

OVIEDO FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1930 WESTBOURNE DRIVE

OVIEDO FL 32765

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:

BRIAN D. NOLAN

New Registered Office Address:

1930 Westbourne Drive

Enter Florida street address

OVIEDO

City

Florida FL 32765

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

M6RM Rolando J Castano 7349 SW 9th CT Add

Remove

PLANTATION FL 33317

Add

Remove

Add

Remove

Add

Remove

Add

Remove

Add

Remove

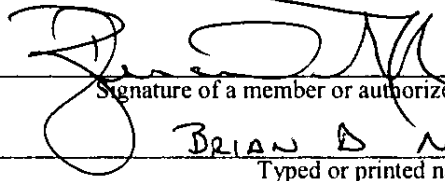
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Add

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

Dated April 28, 2013.



Signature of a member or authorized representative of a member

BRIAN D NOLAN

Typed or printed name of signee

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Filing Fee: \$25.00

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