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SECRETARY OF STATE, SALL AHASSEE ELORIDA

COVER LETTER *

TO: / Registration Section
Division of Corporations

First Coast Financial 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:

Jeffrey W. Helms

Name of Person

FCFA, UC

Firm/Company

400 N. Ponce de Leon Blvd.

Address

St. Augustine, FL 32084

City/State and Zip Code

jhelms@firstcoastadvisors.com

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

For further information concerning this matter, please call:

Jeffrey W. Helms

904₈₂₄₋₄₃₄₉

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2013 JUL - I PM 2: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

First Coast Financial 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 Compared Florida document number <u>L11000101670</u>	any were filed on September 2, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
First Coast Wealth Advisors, LLC	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	400 N. Ponce de Leon Blvd.
(Principal office address MUST BE A STREET ADDRESS)	St. Augustine, FL 32084
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco	office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

-	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
•			Add
			Remove
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D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Name Change Will become effective on
•	Name Change Will become effective or august 1, 2013
Dated _	·
	Signature of a member or authorized representative of a member
	Teffrey W. Hetmo Maraging Manber
	D . 2 . 62

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Filing Fee: \$25.00