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T. HAMPTON

COVER LETTER

TO:	Registration S Division of Co.				
SUBJECT: Robert E. Wayland & Associates, LLC					
ÇODO.	<u></u>		ited Liability Company		
				·	
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	,	
Please	return all corresp	ondence concerning this matter	to the following:		
			Megan Wayland	····	
			Name of Person		
Robert E. Wayland & Associa			. Wayland & Associates,	LLC	
			Fimi/Company	***************************************	
905 South Fort Harrison Avenue			e		
			Address	••••••••••••••••••••••••••••••••••••••	
			Clearwater, FL 33756		
					
meganw@wealthadvisory.net					
		E-mail address: (to be used for future annual report no	tification)	
For fur	ther information (concerning this matter, please of	call:		
	Me	gan Wayland	at (727)	462-0404	
	Name	of Person	Area Code & Dayt	ime Telephone Number	
	•				
Enclos	ed is a check for t	he following amount:		•	
\$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT -2 AMIL: 05

Robert E. Wayland &	Associate	s, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	ns it now appeability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w	vere filed on	April 16, 2012	and assigned
Florida document numberL12000052707			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	re:	
Wealth Advisory	Group, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Comp	pany," the designation "Ll	C" or the abbreviation
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)			· ·
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		our records, enter th	e name of the new
Name of New Registered Agent:		<u>, , , , , , , , , , , , , , , , , , , </u>	
New Registered Office Address:	E	nter Florida street addr	ess
	2.7		
, , , , , , , , , , , , , , , , , , ,	City	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STORY OF STORY OF COMPON
Dated	September 26 , 2012	Warkan	AH II: 05
	Signature of a member of	r authorized representative of a member	
	Typed or	ert E. Wayland printed name of signee	

Page 2 of 2

Filing Fee: \$25.00