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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

... 1ST CHOICE CONSULTING GROUP, 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 F. Wilsey, Esquire

Name of Person

Fisher and Wilsey, P.A.

Firm/Company

1000 - 16 St. N.

Address

St. Petersburg, FL 33705-1147

City/State and Zip Code

pkennemore@1stchoiceconsulting.net

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

For further information concerning this matter, please call:

David F. Wilsey

727,898-1181

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

(Name of the Limited )	P, LLC Liability Company as it now appear Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Lizer Florida document number <u>L12000098089</u>	ability Company were filed on Jul	/ 30, 2012 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :
1st Choice Advisors, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	ч
(Principal office address MUST BE A STREET	( ADDRESS)	<u>΄</u> ω
		हाँ स
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E	<u></u>	ద్రా ట్ల
		25 · 09 ·
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the name of the nev
Name of New Registered Agent:	JOHN FRANCIS	
New Registered Office Address:	101 HOMEPORT DRIVE	
	En	ter Florida street address
	PALM HARBOR	, Florida 34683
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Manager MGRM = Managing Member

<u>Title</u>	Name		Address	Type of Action
MGRM	John Francis		101 Homeport Drive	Add
			Palm Harbor, FL 34683	Remove
				Add
				Remove
				<u> </u>
				Add
				Remove
		٠		— Add
				Remove
				<del></del>
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D, 1	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
Date	d <u>01-28-33</u> , <u>2013</u> .
	x feld treauci
	Signature of a member or authorized representative of a member
	JOHN FRANCIS
	Typed or printed name of signee  Page 3 of 3

Filing Fee: \$25.00