

L12000114537

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000216074 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-0158

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JLH@SWBCL.com

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROFESSIONAL FINANCIAL PARTNERS, LLC**

Certificate of Status	0
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Page Count	05
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14 SEP 15 AM 10:36

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SEP 16 2014
J. HARRIS

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Corporate Filing Menu

Help

Sep. 15. 2014 10:57AM

No. 6570 P. 2/5

COVER LETTER

((H14000216074 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Professional Financial Partners, 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:

Kevin Carmichael, Esq.

Name of Person

Salvatori Wood Buckel Carmichael & Lottes

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

jlh@swbcl.com

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

For further information concerning this matter, please call:

Kevin Carmichael

Name of Person

at 239 552-4100

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

((H14000216074 3)))

Sep. 15. 2014 10:57AM

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

No. 6570 P. 3/5

((H14000216074 3)))

Professional Financial Partners, 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 09/06/2012 and assigned
Florida document number L12000114537

This amendment is submitted to amend the following:

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

RFO Wealth Advisors, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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 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

Page 1 of 3

((H14000216074 3)))

If am Sep. 15, 2014, 10:57AM Authorized Member on our records, enter the title, name, and address No. 6570, each P. 4/5, or
Authorized Member being added or removed from our records:

((H14000216074 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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Sep. 15. 2014 10:57AM

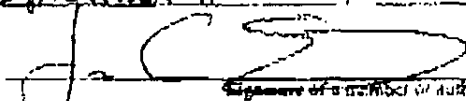
No. 6570 P. 5/5

1). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H14000216074 3)))

8. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date the document is filed by the Florida Department of State)

Dated September 11 2014



Signature of a member (or authorized representative of a member)

James C. Eastman

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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