# L13000018724

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B. BOSTICK APR - **7** 2014

EXAMINER

#### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

### ALLIANCE WEALTH 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:

**BETH TEADO PRINZ** 

Name of Persor

SPRAKER & PRINZ

Firm/Company

819 S. FEDERAL HWY., STE. 106

Address

**STUART, FL 34994** 

City/State and Zip Code

BethPrinzLaw@gmail.com

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

For further information concerning this matter, please call:

**BETH TEARDO PRINZ** 

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**

## ALLIANCE WEALTH ADVISORS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Anti-lease Occasional feedby Limited Links	:	2013	and a	aniam ad
The Articles of Organization for this Limited Liabil	ity Company were filed on <u>Server</u>		_ and as	ssigned
Florida document number L13000018724	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
INDEX PORTFOLIO ADVISORS, LI	LC			
The new name must be distinguishable and end with the word		tion "LLC" or the abb	reviation '	"L.L.C."
Enter new principal offices address, if applicable	<b>.</b> :			
(Principal office address MUST BE A STREET A.				
Trincipal Office address MOST BE 71 STREET 71.				
Enter new mailing address, if applicable:			27. 27.	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		- 1	2 É
Mulling unders MAT BL AT OST OFFICE BOX	<u> </u>	•	1	*2***
		<del>.</del> .		- 1929
B. If amending the registered agent and/or	registered office address on our	records, enter th	ie name	e of the new
registered agent and/or the new registered office	address here:	• • ;		2°2€
			$\subseteq$	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et address		
_		, Florida		
	City		Zip Code	2
New Registered Agent's Signature, if changing Regis	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change.	ind complete performance of my di ed agent as provided for in Chapte stered office address, I hereby con	uties, and I am far er 605, F.S. Or, if	niliar w `this doc	rith and cument is
	If Changing Registered Agent, Si	gnature of New Regis	stered Ag	ent ent

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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
	<del></del>		
			□ Remove
			□ Remove
		_	Remove
			20 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Remove
			□ Add
			☐ Remove

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	e date, if other than the date of filing:
	his document is filed by the Florida Department of State)
ated	April 4R, 2014.
	President
	Signal Township or authorized property of
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00