L13000177407

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(Address)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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DIN APR	



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April 3, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

VIA OVERNIGHT DELIVERY

Dear Division of Corporations,

As a follow up to my communication with the Division of Corporations (see Exhibit A, enclosed), please find enclosed the Articles of Dissolution for a Limited Liability Company for Bray Capital Advisors LLC (enclosed as Exhibit B). In connection with the filing of the enclosed Articles of Dissolution, please find enclosed a related Affidavit of this date (enclosed as Exhibit C).

Also, please find enclosed Articles of Amendment to Articles of Organization of Ariel Capital Advisors LLC to change its name to Bray Capital Advisors, LLC (enclosed as Exhibit D). A check made payable to the Florida Department of State in the amount of \$85.00 is enclosed for the Articles of Dissolution (\$25.00) and the Articles of Amendment (\$60.00).

Please don't hesitate to call me if you have any questions or concerns with regard to this letter and enclosures. Thank you for your assistance with this matter.

Christopher P. Bray

Enclosure as stated

9115 Corsea Del Fontana Way, Suite 200 Naples, Florida 34109 Office: (239) 451-6003 www.cpbrayassociates.com

Admitted to practice in Florida and Ohio

COVER LETTER

	Registration Sec Division of Corp									
CUD IEC		Advisors, LLC								
SUBJEC	.I;	Name of Limited Liability Company								
The enclo	osed Articles of A	mendment and fee(s) are sub	mitted for filing.							
Please re	turn all correspon	dence concerning this matter	to the following:							
		Christopher P. Bray, Esq.								
			Name of Person	·						
		Christopher P. Bray Assoc	iates, LLC							
			Firm/Company							
		9115 Corsea Del Fontana	Way, Suite 200							
			Address							
		Naples, Florida 34109								
			City/State and Zip Code							
		cpbray@cpbrayassociates.c		 						
		E-mail address: (to be used for future annual report notific	cation)						
For furthe	er information cor	cerning this matter, please ca	all:							
Christopl	her P. Bray, Esq.		239 451-6003 at ()							
	Name of I	Person		Telephone Number						
Enclosed	is a check for the	following amount:								
\$25.0	0 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

Ariel Capital Advisors LLC			
(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Lia		were filed on December 27, 20	and assigned
lorida document number L13000177407	*		
his amendment is submitted to amend the follo	wing:		
. If amending name, enter the new name of	the limited lial	oility company here:	
Bray Capital Advisors, LLC			
he new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation "LLC	"O" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
Principal office address MUST BE A STREET	TADDRESS)		
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE B</u>	<u>80X)</u>	N/A	
s. If amending the registered agent and/o	or registered o	ffice address on our record	s enter the north of the
egistered agent and/or the new registered off			in the mange of the
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street addres	27 60
		, Flo	orida Zip Code
		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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address** Type of Action N/A □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add □ Remove __ □ Change **(**(2) © Shange □ Add ☐ Remove □ Change □ Add ☐ Remove

☐ Change

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	fective date is listed, th If the date inserted	ie date made de	Divocitie and	· cameron or		of filing or natutory filin	nore than 90	days after fi	ling.) Pursu	ant to 60 ot be lis)5.02 sted :
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uea	April 3										

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

<u>AFFIDAVIT</u>

STATE OF FLORIDA

COUNTY OF COLLIER

BEFORE ME, the undersigned authority, personally appeared, CHRISTOPHER P. BRAY, who after being first duly sworn deposes and states:

- I am the sole member and manager of Bray Capital Advisors LLC ("BCA"), 1. a Florida limited liability company (Document Number L17000055428).
- 2. BCA has assigned to Ariel Capital Advisors LLC ("ACA"), a Florida limited liability company (Document Number L13000177407) all rights to use BCA's name, "Bray Capital Advisors LLC" in perpetuity.
- 3. BCA is filing Articles of Dissolution with the Florida Department of State, Division of Corporations, in connection with the execution of this affidavit.
- 4. BCA will not take any action to revoke said Articles of Dissolution after filing and acceptance by the Florida Department of State, Division of Corporations.

FURTHER AFFIANT SAYETH NAUGHT.

hr/stopher P. Bray, Esq.

The foregoing instrument was acknowledged before me this 3rd day of April, 2017, by Christopher P. Bray, Esq., who is personally known to me.

Kindberly & Wilmbre

Notary Public, State of Florida

Commission #: FF 985537 Commission Expires: 8/16/2020

KIMBERLY SUE WILMORE Notary Public - State of Florida Commission # FF 985537

My Comm. Expires Aug 16, 2020 Bonded through National Notary Assn.