## L14000 104832

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



400262409744

07/24/14--01006--015 \*\*25.00

14 JUL 24 ANIC: 50

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: FOUR PILLARS INVESTMENT GROUP, LLC.  Name of Limited Liability Company   |
| 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:   |
| ADRIAN SMERTCOV  Name of Person   |
| FOUR PILLARS INVESTMENT GROUP, LLC  |
| 824 S. DAVIS BLVD Address   |
| TAMPA FL 3 3 606  City/State and Zip Code  ASMERTCOV C YAHOO. COM  E-mail address: (to be used for future annual report notification)   |
|   |
| For further information concerning this matter, please call:  |
| ADRIAN SMERTCOV at (8/3) 84/-9889  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$ 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

| FOUR PILLARSINVESTMEN   | T GROUP LLC   |                                       |
|---|---|---------------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited  | ny as it now appears on our records.)<br>Liability Company) |                                       |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 1400 10 4832</u> .       | were filed on 07/01/2014 a                                  | and assigned                          |
| This amendment is submitted to amend the following:   |   |                                       |
| A. If amending name, <u>enter the new name of the limited liab</u>  | ility company here:   |                                       |
| FOUR PILLARS INVESTMENT   | GROUP LLC.  |                                       |
| The new name must be distinguishable and end with the words "Limited Liab   | oility Company," the designation "LLC" or the abbrevi       | ation "L.L.C."                        |
| Enter new principal offices address, if applicable:   | 110 - 112 S. WILLOW<br>TAMPA, FL. 33606                     | AVE.                                  |
| (Principal office address MUST BE A STREET ADDRESS)   | TAMPA, FL. 33606  |                                       |
|   |   |                                       |
| Enter new mailing address, if applicable:   | P.O. BOX 4650   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  | P.O. BOX 4658<br>TAMPA, FL. 33677                           |                                       |
|   |   |                                       |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |   | name of the                           |
|   | *   | *                                     |
| Name of New Registered Agent:   |   | <u></u>                               |
| New Registered Office Address:  | •   | 2                                     |
|   | Enter Florida street address .                              | , , , , , , , , , , , , , , , , , , , |
|   | Florida   | Code                                  |
|   | City Zi <sub>l</sub>  | ) Codé                                |
| New Registered Agent's Signature, if changing Registered Agent:   |   | <u> </u>                              |

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 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address                                  | Type of Action              |
|--------------|------------------|--|-----------------------------|
| AMBR         | ASKAR, ANWAR     | 8327 ARCHWOOD CIRCLE                     | <b>k</b> Add                |
|              |                  | TAMPA, FL. 33615                         | □ Remove                    |
| <u>AMBR</u>  | SMERTCOV, ADRIAN | 824 S. DAVIS BLVD.<br>TAMPA, FL. 33606   | <b> </b> ⊠ Add<br>□ Remove  |
| AMBR         | SMITH, JAMES M.  | 609 S. WILLOW AVE. TAMPA, FL. 33606      | <b> ⊠</b>   Add<br>□ Remove |
| <u>AMBR</u>  | SALLOUM, ISSA    | B314 ARCHWOOD CIRCLE<br>TAMPA, FL. 33615 |                             |
|              |                  |  | Add  Remove                 |
|              |                  |  | Add                         |
|              |                  |  | □ Remove                    |

| . II ajmenui   | ing any other into mation, enter change(s) here: (Anach adamona sneets, if necessary.) |
|----------------|--|
| · · The        | name of member SMERTCOV, ADRIAN Was  |
| w.             | rong "ADREAN" and that needs to be changed   |
| 70             | "ADRIAN". Also, the Zip code for: ASKAR, ANWAR   |
| $\overline{w}$ | as wrong "33515", that needs to be changed   |
| 40             | o "33615".   |
| (The effective | date, if other than the date of filing:  |
| Dated <u>J</u> | LULY 22, 2014,   |
|                | Signature of a member or authorized representative of a member                         |
|                | ADRIAN SMERTCOV  |
|                | Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00