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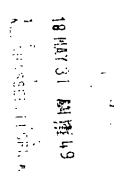
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
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JUN 01 2018

COVER LETTER

TO: Registration S Division of Co			
FRS Advi SUBJECT:	sors, LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jean-Philippe Aubry		
		Name of Person	
	FRS Advisors, LLC		
	<u></u>	Firm/Company	
	524 Wax Palm Ln		
		Address	
	Chuluota, FL 32766		
		City/State and Zip Code	
	JP@flwealthassociates.com		
	E-mail address; (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Jean-Philippe Aubry		407 463-8738 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Fiting 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

FRS Advisors, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L15000071611</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Florida Wealth Associates, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	or the abbreviation
Enter new principal offices address, if applicable:		 : ω
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	tered office address on our records, ress here: Enter Florida street address Flor	ida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			
			☐ Remove
			☐ Change
_			□ Add
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			Change
			
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days after filing.) Pursuant t	to 605.02
e: If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not b	e listed
ument's effective date on the Department of State's records.		
is a little of effective data but act an office	etive time at 12:01 a.m. on the e	arlier
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ctive time, at 12.01 a.m. on the	,orner
ed May 26 2018		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00