L15000163565

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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2015 NOV 12 PH 2: 51

COVER LETTER,

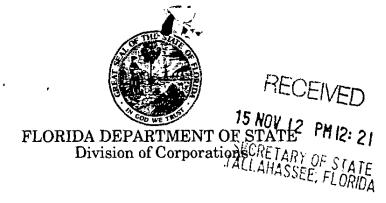
TO:	Registration Section
•	Division of Corporation
	BUSINESS OWNER

SUBJECT:		OWNERS ADVISORS LLC		
SODJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please returr	all correspon	ndence concerning this matter t	to the following:	
		JOSEPH A PEREIRA JR		
			Name of Person	
			Firm/Company	
		10300 SW 72 ST 470J		
			Address	
		MIAMI, FL 33173		
		mrjoe1836@netzero.net	City/State and Zip Code	polification)
For further i	nformation co	oncerning this matter, please ca		
JOSEPH A	PEREIRA JR	L.	305 598-3180	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 E	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



October 9, 2015

JOSEPH A PEREIRA JR 10300 SW 72 STREET 470J MIAMI, FL 33173

SUBJECT: BUSINESS OWNERS ADVISORS LLC

Ref. Number: L15000163565

We have received your document for BUSINESS OWNERS ADVISORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (3) of the Amendment form with the required signature. I am enclosing page (3) only.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mike, Sign and date attached form.

Neysa Culligan Regulatory Specialist II

Letter Number: 915A00021457

www.sunbiz.org

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2015 NOV 12 PM 2: 54

BUSINESS OWNERS ADVISORS LLC

company has been notified in writing of this change.

(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 SEPTEMBER 25, 2015 and assigned				
Florida document number L15000163565					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
BUSINESS OWNER ADVISORS LLC	,				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	12248 SW 128 ST.				
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33186				
	·				
Enter new mailing address, if applicable:	12248 SW 128 ST.				
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33186				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	• • • • • • • • • • • • • • • • • • • •				
Name of New Registered Agent.					
New Registered Office Address:	Enter Florida street address				
	E				
	, Florida City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	MICHAEL MINUTILLO	8522 SW 159 AVE	Add
		MIAMI, FL 33816	Remove
			Change
MGR	MICHAEL WEIHL	8522 SW 159 AVE	■ Add
		MIAMI, FL 33186	Remove
		 -	Change
			Add
			Remove
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		 	□ Add
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effective di e: If the c	e, if other thange is listed, the delate inserted in the fective date on	ate must be spe this block do	ecific and c es not me	annot be preet the app	ior to date : licable sta	of filing of r	nore than 9	0 days afte	r filing.) Pu	rsuant to 603 I not be list	5.0207 (3 ed as th
	pecifies a de day after the			ite, but	not an e	ffective	time, at	12:01	a.m. on	the earli	er of:
ed/	Vovember	7		20	15.						
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Page 3 of 3

Filing Fee: \$25.00