Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180003136993)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (\$50)617-6383

From:

. COHEN & GRICSBY, P.C.

Account Name Account Number : 120030000042 Phone : (239)390-1912

Pax Mumber

(239)350-1901

**Enter the small address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALTER BUSINESS ADVISORS, LLC

Certificate of Status	0
Certified Copy	0
Pilge Count	03
Estimated Charge	\$25.00

Electronic Filing Monu

Corporate Filing Menu

Help

K SALY OCT 3 1 2018 Pierce, Carolyn

PGH-FAX-01.2.0

Page 2

(((H18000313699 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H18000313699 3)))
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF SINESS ADVISORS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
TO See See See See See See See See See Se
ARTICLES OF ORGANIZATION
OF The state of th
SINESS ADVISORS, LLC
(Name of the Limited L
(A Florida Limited Liability Company)
ion for this Limited Liability Company were filed on July 1, 2016 and assigned
tted to amend the following:
nter the new name of the limited liability company here:
uishuble and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ces address, if applicable:
MUST BE A STREET ADDRESS)
ess, if applicable:
E A POST OFFICE BOX)
egistered agent and/or registered office address on our records, enter the name of the new
the new registered office address here:
animorad Agents
GEINIGIGO VEON.
Office Address:
Enur Florida street address
. Florida
City Zip Code
Office Address: Enter Florida street address Florida City Zip Code Ignature, 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 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

Page 1 of 3

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(((H18000313699 3)))

Page 3

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	Name	Address	Type of Action
MGR	Ryan Cave	1415 Panther Lane Suite 232	■ Add
		Naples, FL 34109	□ Ramove
			☐ Change
MGR	Dirk Pischer	1415 Panther Lane Suite 232	🗆 Add
		Naples, FL 34109	Remove
			☐ Change
AMBR	Joe Alter	1415 Punther Lane Suite 232	₩ Add
		Napies, FL 34109	Remove
			☐ Change
			Add 18 OC T 30 PH
			DrActu — OR THE CONTROL OF THE CONTR
			☐ Change
			🖸 Add
			D Remove
			Change

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	<u> </u>
ective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as t
coment's effective date on the Department of State's records.	
record specifies a delayed effective date, but not a	n effective time, at 12:01 a.m. on the earlier of:
he 90th day after the record is filed.	
2019	
red October 30	
(a, ou tail	
Signature of a Number or authorize	of representative of a member
Constant Prince Australia de Prince	
Carolyn Pierce Authorized Representative	

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Filing Fee: \$25.00