

L16000220489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

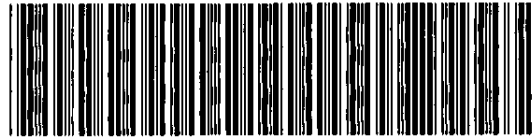
(Business Entity Name)

(Document Number)

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17 MAR - 8 AM 8:15

M. MILLIGAN
MAR - 9 2017

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2017 MAR - 8 AM 11:53
SECRETARY OF STATE
FIDELITY M. MILLIGAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAMBRIDGE CAPITAL WEALTH ADVISORS, LLC
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:

GAIL MILON
Name of Person

CAMBRIDGE CAPITAL WEALTH ADVISORS, LLC
Firm/Company

1400 VILLAGE SQUARE BLVD., STE 3-268
Address

TALLAHASSEE, FL 32312-1231
City/State and Zip Code

GAIL@CCWEALTHADVISORS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL MILON at (850) 270-9898
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
2017 MAR -8 AM 11:53
CLERK OF CIRCUIT COURT
JANET M. HARRIS, CLERK

CAMBRIDGE CAPITAL WEALTH ADVISORS, LLC
(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 12/06/2016 and assigned
Florida document number 110000220489.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1400 VILLAGE SQUARE BLD.
STE 3-268
TALLAHASSEE, FL 32312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GAILE MILON

New Registered Office Address:

1400 VILLAGE SQUARE BLD., STE 3-268

Enter Florida street address

TALLAHASSEE

City

, Florida

32312

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.

Gaile Milon
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lois Koons	1400 VILLAGE SQUARE BLVD STE 3-268 Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CHAIL MILON	1400 VILLAGE SQUARE BLVD STE 3-268 Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ADVISORS, CAMBRIDGE	1400 VILLAGE SQUARE BLVD STE 3-268 Tallahassee, FL 32312	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 7, 2017.

Ins

DR. TIM HOWARD

Filing Fee: \$25.00

2017 MAR -8 AM 11:53