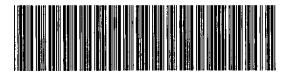
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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2017 FEB 27 PM 2: 13
SECRETARY OF STATE

K. SALY FEB 28 2017

COVER LETTER

	istration Section sion of Corpor		•	{
SUBJECT:	NSL	ADVISORS, L	LC	
		Name of Limit	ted Liability Company	
The enclosed	Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return	all corresponde	nce concerning this matter t	o the following:	
		JASON	BODNER	
			Name of Person	
		NSL AS	bulsons LLC	
			Firm/Company	
		2901 CLINT	MOORE ROAD	#256
		1	Address	
		BOCA RATE	N, FL 334	96
			City/State and Zip Code	
	-	E-mail address: (t	o be used for future annual repo	rt notification)
For further in	formation conc	erning this matter, please ca	11:	
JAS	où BOD	HER	at (917) 25	56-9991
	Name of Pe	rson	Area Code D	Daytime Telephone Number
Enclosed is a	check for the f	ollowing amount:	•	
\$25.00 Fi	iling Fee	S30.00 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

, A	TO ARTICLES OF ORGANIZATION	In FILE
•	OF	COTTFER 2
	ADVISORS, LLC Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	2017 FEB 27 PH 2: 13 TECOTES.) TECOTES.)
The Articles of Organization for this Limit Florida document number <u>L 17000</u>	ted Liability Company were filed on 8,00 AM	A 2/14/2017 and assigned
This amendment is submitted to amend the	e following:	
A. If amending name, enter the new na	me of the limited liability company here:	
The new name must be distinguishable and contain	n the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if a	pplicable:	
(Principal office address MUST BE A ST		
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF	ICE BUX)	
B. If amending the registered agent registered agent and/or the new register Name of New Registered Agent:	and/or registered office address on our r ed office address here:	ecords, <u>enter the name of the nev</u>

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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	JASON BODNER	3147 NW 60+4 STREET	5 Add
		BOCA RATON FL 33496	Remove
			Change
			🗆 Add
			Remove
			Change
		Fo.	Removel Change
		SET EN	P Change
			Add
			_ Remove
			_□ Change
			_□ Add
			_□ Remove
			_D Change
			_□ Add
			_□ Remove
			_ Change

: If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 20/17/6827 PM 2: /3 ALLAHASSECTE STATE ORION
,	
	ALLAHARY OF 13
	ASSECUT STATE
	··/r/O _A
(If an e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1_2-23-2017
	Signature of a member or authorized representative of a member
	SASON BODNE (2

Page 3 of 3

Filing Fee: \$25.00