L17000194109

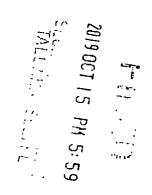
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Registration Se Division of Cor		≠	<u>.</u>			
SUBJE	Bock Advi	sory, LLC		·			
.7 (.) LIAJ I	<u> </u>	Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Colin Bock					
			Name of Person				
		Wavepoint Advisory Grou	p, LLC				
		-	Firm/Company				
		11714 Casa Lago Lane					
			Address				
		Tampa, FL 33626					
			City/State and Zip Code				
		cbock@waveag.com		V. 1V 			
Para Cara	ah an in Commedia a s		to be used for future annual report notif	ication)			
ror tur	iner information c	oncerning this matter, please ca	311:				
Colin	lin Bock 813 7679157 at ()						
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for the	ne following amount:					
□ \$2 <u>:</u>	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bock Advisory, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L17000194109}{L17000194109}$.	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Wavepoint Advisory Group, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2019 OCT 1
(Mailing address MAY BE A POST OFFICE BOX)		<u>></u>
		, O
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, ere:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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

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>	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
		-	
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change

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<u></u>		
		-
E. Effective date, if other than t	he date of filing:	(optional)
(If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) tutory filing requirements, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the r		ffective time, at 12:01 a.m. on the earlier of:
Dated October 8	2019	
	RM	
	Signature of a member or authorized re	presentative of a member
	Colin Bock	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00