

Division of Corporations " Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

LEB S & 2018

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From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

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

Email	Address:		.*		

LLC AMND/RESTATE/CORRECT OR M/MG RESIG TRIAD ADVISORS, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Triad Advisors, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	ny na it now appears on our records.) inbility Company)	
The Articles of Organization for this Limited Liability Company of Florida document number L17000260000	were filed on December 21, 2017	and assigned
This amendment is submitted to amend the following:	a digital	
A. If amending name, enter the new name of the limited linbil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the at	phreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		Si te name pr the TARY AASSE
Name of New Registered Agent:		
New Registered Office Address:	Emar Florida street address	H: 06
	· City 19	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR= Manager

____ Change

If amending Authorized Person(s) authorized to manage	, enter the title, name, and address of each person b	eing added
or removed from our records:		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert W. Bruderman	S155 Peachtree Parkway, Ste 3220	
		Norcross, GA 30092	Remove
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effective date is listed, the date must If the date inserted in this blo	he specific and cannot be entited	r to date of filing of more	then 90 days after	iling.) Paristant to 60	\$ <i>0207 (</i> ed as f
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	2018	••			•
February 27		*			
d February 27	*************************************	^			

Page 3 of 3 Filing Fee: \$25.00