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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

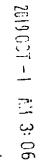
Office Use Only



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R. WHITE 00T 0 2 2019





## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		Group, LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Preston Rouse		
		-	Name of Person	
		PJ Advisor Group, LLC		
		-	Firm/Company	<del></del>
		215 Center Park Drive, Sui	te 1600	
			Address	
		Knoxville, TN 37922		
		prouse@aba-advisors.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Preston Ro	use		865 660-9491	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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)

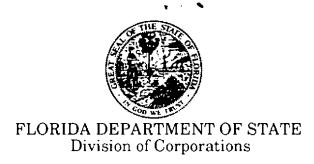
MAILING ADDRESS:

TO:

Registration Section

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



September 17, 2019

PRESTON ROUSE 215 CENTER PARK DR STE 1600 KNOXVILLE, TN 37922

SUBJECT: PJ ADVISOR GROUP, LLC

Ref. Number: L19000046270

We have received your document for PJ ADVISOR GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 119A00019223

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PJ Advisor Group, LLC

C 2019 007 - 1 AH 3: 06

(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 February 15, 2019 and assigned Florida document number \_\_\_\_\_\_L19000046270 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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

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>	Type of Action
AMBR	Stratosphere Enterprises, LLC	2631-A NW 41st Street Gainesville, FL 32606	Add
			Remove
			□ Change
Fuller Consulting, LLC  AMBR  ———————————————————————————————————	Fuller Consulting, LLC	2631-A NW 41st Street Gainesville, FL 32606	
			■ Remove
			Change
AMBR	Preston Rouse	713 Gulfwood Road Knoxville, TN 37923	Add
		<del> </del>	□ Remove
			☐ Change
Jason Fuller  AMBR ————————————————————————————————————	Jason Fuller	760 Hickory Star Road Maynardville, TN 37807	■ Add
			Remove
			Change
		·	
		□ Remove	
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Effective date, if other than the date of filing:	or be prior to date of filing one applicable statutory f	or more than 90 days after filing	g.) Pursuant to 605.0207 (
ne record specifies a delayed effective date, The 90th day after the record is filed.	but not an effectiv	re time, at 12:01 a.m.	on the earlier of
September 4th 20	19		
D. Thomas	······································		
Signature of a member	er or authorized representa	tive of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00