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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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| TO: | Registration Se Division of Co | | | |
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| CHD H | | ISORS, LLC | e and | ., |
| SUNJ | ECT: | Name of Lim | ited Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | TAYLOR PRECOURT | | |
| | | SHEADVISORS, LLC | Name of Person | |
| | | 600 Cleveland Street Suite | Firm/Company 277 | |
| | | Clearwater, FL 33755 | Address | |
| | | taylor@sheadvisors.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For fu | rther information of | concerning this matter, please ca | all: | |
| Taylo | r Precourt | | 727 686-8080 | |
| | Name (| of Person | at () Area Code Daytime | Telephone Number |
| Enclos | sed is a check for t | he following amount: | | |
| ■ \$2 | 25.00 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:

TO:

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

TO ARTICLES OF ORGANIZATION OF

SHE ADVISORS, LLC

2019 550 27

| | VISONS, LLC | 4013 | F. 1 |
|---|---|--|-----------------------|
| (Name of the Limited Liability C (A Florida Li | Jompany as it now appears or mited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liability Con Florida document number | ipany were filed on | 07/02/2019 | and: |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | I liability company here: | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the desig | nation "LLC" or the abbre | viation " |
| Enter new principal offices address, if applicable: | 600 Cleveland Stree | et Suite 277 Clearwater | F 337 |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida | street address | |
| | | , Florida | |
| - | City | | Zip Gode |
| New Registered Agent's Signature, if changing Registered A | gent: | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change. | plete performance of my it as provided for in Cha | duties, and Lam fan pter 605, F.S. Or, if | niliar wi this doc |
| | | mer a | |
| Ĭ | f Changing Registered Agent: | Signature of New Regis | tered Age |
| | | | $\overline{}$ |

Page 1 of 3

| MGR = M $AMBR = A$ | anager uthorized Member | | |
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| fective date, if other than the o | date of filing: (optional) | |
| n effective date is listed, the date must | be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs | suant to t |
| ote: If the date inserted in this bio cument's effective date on the De | ck does not meet the applicable statutory filing requirements, this date will partment of State's records. | not be i |
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| | South | |
| : | Signature of a member or authorized representative of a member | |
| Taylor Precourt | | |
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| | Typed or printed name of signee | |
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Page 3 of 3

Filing Fee: \$25.00