

L2000009205

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GINN & PATROU, PA  
Account Number : I20190000124  
Phone : (904)461-3000  
Fax Number : (844)730-9828

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

Email Address: registeredagent@ginnpatrou.com

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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ESSENTIAL ADVISORS LLC

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H230003804203

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2023 NOV -7 PM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Essential Advisors LLC

(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 01/01/2020 and assigned  
Florida document number L20000009205

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 "LLC."

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: Ginn & Patrou, PLLC

New Registered Office Address: 460 A1A Beach Blvd

Enter Florida street address

St. Augustine, Florida 32080  
City 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

H230003804203

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>	<u>Type of Action</u>
MGR	James C Vincent	314 Andreas St	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Stephanie Vincent, Trustee of the James & Stephanie Vincent Rev Tr	314 Andreas St	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Matt Lents	4075 A1A S	<input checked="" type="checkbox"/> Add
		B201	<input type="checkbox"/> Remove
		St. Augustine, FL 32080	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated November 7, 2023

Signature of a member or authorized representative of a member

Jonathan Hermes, Esq

Typed or printed name of signee

#230003664203

**Filing Fee: \$25.00**