Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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(C) 4

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUXILIUM ADVISORY GROUP LLC

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NOV 21 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF *

Auxilium Advisory Group LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 06/09/20	and assigned
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" of	or the abbreviation "B.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
		<u> </u>
		PH 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter th	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	BACHMAN, MICHAEL ERIC	7901 4TH ST N	□Add
		STE 300	⊠ Remove
		ST. PETERSBURG, FL 33702	□Change
AMBR SEVATSON, ERIC M	SEVATSON, ERIC M	7901 4TH ST N	□Add
		STE 300	⊠ Remove
	ST. PETERSBURG, FL 33702	🗔 Change	
			□ Add
			□Remove
		Change	
		□Add	
		□Remove	
			Change
		□Add	
			□Remove
			□Change
			□Remove
			El Character

	
<u></u>	
<u>iote:</u> If t	date, if other than the date of filing:
record sp I is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	November 17
	Riber Park
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00