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(Requestor's Name)				
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PICK-UP	WAIT MAIL			
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Certified Copies	Certificates of Status			
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COVER LETTER

TO: Registration Se Division of Cor					
	ECONE ADVISORS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mutted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CONRAD SNOVER				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Bristlecone Advisors LL	C			
		Firm/Company			
	2631A NW 41st St				
		Address			
	Gainesville, FL 32606				
		City/State and Zip Code			
	esnover@procureability.c				
For further information (E-mail address: 0 concerning this matter, please ca	to be used for future annual report notification)			
Conrad Snover	concerning this fillings, preude el	415 806-6726			
		at ()	-		
Name (f Person	Area Code Daytime Telephone Number			
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fe Certified Copy Cadditional copy is enclosed? Certified Copy (additional copy is a	atus &		
<u>Mailing Addre</u> Registration	_	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BRISTLECONE AD	VISORS LLC			
(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears o lity Company)	n our records.)		
The Articles of Organization for this Limited I	·	re filed on	01/27/2021	and assigned	
florida document numberL21000050703					
his amendment is submitted to amend the fol	lowing:				
a. If amending name, enter the new name of	of the limited liability	company here	• •		
VA.					
he new name must be distinguishable and contain the	words "Limited Liability C	lompany," the desig	gnation "LLC" or the a	objeviation "L.L.C."	
Enter new principal offices address, if applicable:		/A			
Principal office address MUST BE A STRE	ET ADDRESS)				
	_		·		
Enter new mailing address, if applicable:	_				
Mailing address MAY BE A POST OFFICE	<u> </u>				
	_				
3. If amending the registered agent and/or agent and/or the new registered office addre		ress on our reco	ords, <u>enter the nan</u>	ne of the new regist	
Name of New Registered Agent:	N/A				
New Registered Office Address:					
	Enter Florida street address				
		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, 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>	Address	Type of Action
AMBR	Lisa Louise Toutant Snover	2631-A NW 41ST STREET	■ Add
		GAINESVILLE, FL 32606	□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□Add
			CiRemove
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			□Remove
			□Change

Typed or printed name of signee