21000521824

(Re	equestor's Name)	
(Ác	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only



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DEC 17 2021

ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

		
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RA ADVISORS, LLC		
L21000521824		
PLEASE FILE T	THE ATTACHED AND RETURN	
Plain Copy		
Certified Copy		
Certificate of Status	8	
		
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Certificate of Good S	Standing	
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	L21000521824 **PLEASE FILE Plain Copy Certified Copy Certificate of Status **PLEASE OBTAIN THE Certificate of Good Certificate of Good **APOSTILLE' ATES REQUESTED	**PLEASE FILE THE ATTACHED AND RETURN** Plain Copy Certificate of Status **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Aris & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** ATES REQUESTED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Umbra Advisors LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000521824	were filed on 12/10/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "ELC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		262
	_,·	-1
Enter new mailing address, if applicable:		্য
		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		: 29
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S.
	, Fl	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	į	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Timothy D Beard IV	20515 E Country Club Dr Apt 2248	🗆 Add
		Aventura, F1, 33180	□Remove
		US	≘ Change
			🖸 Add
			□Remove
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Page 2 of 3

				
				
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etive date, if other than the date flective date is listed, the date must be: If the date inserted in this blockment's effective date on the Department.	k does not meet the appli	icable statutory filin	(optione than 90 days after grequirements, thi	onal) filing.) Pursuant to 605.02 s date will not be listed
ecord specifies a delayed e le 90th day after the recor		ot an effective t	ime, at 12:01 a	a.m. on the earlier
December 15th	. 2021	·		
		_	1 .	
	Timothy D gnature of a member or aut	Beard	\sqrt{V}	

Page 3 of 3

Filing Fee: \$25.00