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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	Federal Ga	overnment Advisors LL ted Liability Company	<u>C</u>
	, and or and		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jh	on Londono Name of Person	
	Federa	Coopen Ment Ad	visors LLC
	8180 Wor	odland Center Blva	<u>/</u>
	Tampa	City/State and Zip Code on don 674 @ 9 mai/, o be used for future annual report notification)	
	E-mail address: (on don 674 (a) 9 may 1. o be used for future annual report notification)	Com
For further information c	oncerning this matter, please ca		
Thon		at (8/3) Area Code Daytime Telephone	Number File TI
Name o	i Person		= 50 00
Enclosed is a check for the	he following amount:		SSE
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional conv is enclosed)	0.00 Filing for ertificate of Status of Status distinct Copy dditional copy is enclosed)
Mailing Addre	ss:	Street Address:	
Registration	Section	Registration Section	
Division of C	· · · · · · · · · · · · · · · · · · ·	Division of Corporations The Centre of Tallahasse	
P.O. Box 632 Tallahassee,		2415 N. Monroe Street. S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Federal (Name of the Limited)	Govern Liability Compan Florida Limited Li	ment Advisors y as it now appears on our records.) ability Company)	<u> 11C</u>	
The Articles of Organization for this Limited Liab Florida document number <u>L ZZ 000 / D9 = </u>	ility Company v	were filed on	22 and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ie limited liabil	lity company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab (Principal office address MUST BE A STREET).	le:	ty Company," the designation "LLC" of 8180 Woodland Tampa, FL		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	8180 Woodland Tampa, FL	d Blvd 33614	
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	nere.	-GCy , 5 wan AU Enter Florida street address	TARY OF STATE	<u>ed</u>
	- ming	City , Flori	ida 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

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
MGR	Thon Londono	8180 Wood land Center Tampa, FL 33614	Blvd ZAdd
		Tampa, FL 33614	□Remove
			□Change
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te: If the date ins	ther than the date ted, the date must be spected in this block do date on the Departn	es not meet	the applica	OZZ o date of filing ble statutory	or more than filing requir	(option 00 days after ements, this	filing.) Pi	ursuant ll not b	to 605.02 se listed :
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