L23000122541

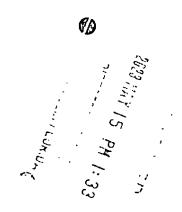
	(Requestor's Name)
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	(Åddress)
	<u> </u>
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
- 🗀	
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
	(Document Number)
Certified Copies	Certificates of Status
	Certificates of Status
	
Special Instructions to	Filing Officer:
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Office Use Only



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2023 MAY 15 PM (: 1)



A FUNCTOR MAY 16 2023

Sunshine State Corporate Compliance Company

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

DATE 05/15/2023	_		**WALK IN*
ENTITY NAME Papilio	o Investment Advisors	s, LLC	
DOCUMENT NUMBER			
	PLEASE FILE TA	HE ATTACHED AND RETURN	
xxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good St		
	APOSTILLE' / I	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TTION		
NUMBER OF CERTIFICA	ATES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I2016000007	2
		E 8 FM	
Please call Tina at i	the above number for	any issues or concerns. Thank you s	o much!

COVER LETTER

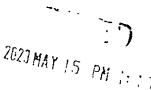
10:		sion of Corp				
eup na	CT.	PAPILIO IN	VESTMENT ADVISORS, L	LC		
SUBJE	CI:	<u> </u>	Name of Lim	ited Liability Company		
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspon	ndence concerning this matter	to the following:		
			MICHAEL GARDNER			
				Name of Person	-	
			PAPILIO INVESTMENT	ADVISORS, LLC		
				Firm/Company		
			1348 Fruitville Road, Suite	211-B		
				Address		
			Sarasota, Florida 34236			
				City/State and Zip Code	····	···
			mdgcapital@protonmail.com			
			E-mail address: (1	to be used for future annual	report notification	0)
For furth	her in	formation co	oncerning this matter, please ca	all:		
Lauren .	Johns	son		800 56	7-4397	
		Name of	Person	Area Code	Daytime Telep	shone Number
Enclosed	d is a	check for th	e following amount:			
\$25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address		Street A		
	_	gistration S		-	ation Section	ions
		Box 632	orporations 7		n of Corporat ntre of Tallah	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	· in	15 PH ::: ;
PAPILIO INVESTMENT ADVISORS, LLC		
(Name of the Limited Limbility Compa (A Florida Limited I	ny as it now appears on our records.)	
		•
he Articles of Organization for this Limited Liability Company	were filed on 03/08/2023	and assigned
Torida document number L23000122541		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1348 Fruitville Road, Suite 211-B	
Principal office address MUST BE A STREET ADDRESS	Sarasota, Florida 34236	
Enter new mailing address, if applicable:	1348 Fruitville Road, Suite 211-B	
Mailing address MAY BE A POST OFFICE BOX)	Sarasota, Florida 34236	
maning appress 1371 DE71 1 CO. L. C.		
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 the n</u>	ame of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cin', riorida	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
MGR	GARDNER, MICHAEL	2075 MAIN STREET, SUITE 8	
		SARASOTA, FL 34237	■Remove
			☐ Change
AMBR	GARDNER, MICHAEL	1348 Fruitville Road, Suite 211-B	■Add
		Sarasota, Florida 34236	□ Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
			ПRетюче
			Change
			□ Add
			□Remove
			Change
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ал eff ote:	ve date, if other than the date of filing:
is fi	
ated	MAY 11# , 2-023.
	Signature of a member or authorized representative of a member
	MZCHAEZ CANONES

Filing Fee: \$25.00