## L960000004

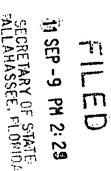
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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J. BRYAN

SEP 1 2 2011

**EXAMINER** 

## **COVER LETTER**

| TO: Registration S Division of Co |   | •   |   |
|-----------------------------------|---|---|---|
| SUBJECT:                          | Saltmarsh Fin   | ancial Advisers, LLC  |   |
|                                   |   | ted Liability Company   |   |
|                                   | of Amendment and fee(s) are sub-<br>pondence concerning this matter | _   | ASS TO  |
|                                   |   | Ronald E. Jackson   | TETA S  |
|                                   | ****  | Name of Person  | Fig. 3  |
|                                   | Saltma  | rsh Financial Advisers, L   | EP-9 PH 2: 23   |
|                                   |   | Firm/Company  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
|                                   |   | 900 N. 12th Avenue  |   |
|                                   |   | Address   |   |
|                                   | F   | Pensacola, FL 32501   |   |
|                                   |   | City/State and Zip Code   |   |
|                                   | ron.jac<br>E-mail address: (  | ckson@saltmarshcpa.cor  | n<br>otification)   |
| For further information           | concerning this matter, please of                                   |   | ,   |
| To further internation            | concerning this matter, please c                                    | All.  |   |
|                                   | nald E. Jackson   | at (_850_)  | 435-8300  |
| Name                              | of Person   | Area Code & Day   | time Telephone Number   |
| Enclosed is a check for           | the following amount:   |   |   |
| \$25.00 Filing Fee                | \$30.00 Filing Fee & Certificate of Status                          | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed) |
| MAI                               | LING ADDRESS:   | STRFFT/COU  | RIER ADDRESS:   |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Saitm<br>(Name of the Limite  | narsn Finar<br>d Liability Com | NCIAL AUVISER<br>Ipany as it now ap | S, LLC<br>pears on our records.)<br>ny)            |                           |
|---|--------------------------------|-------------------------------------|--|---------------------------|
|   | A Florida Limito               | d Liability Compai                  | ny)  |                           |
| The Articles of Organization for this Limited I Florida document number   |                                | any were filed on                   | December 29, 2                                     | 005 and assigned          |
| This amendment is submitted to amend the fol  | _                              |                                     |  | SE TI                     |
| A. If amending name, enter the new name of  |                                |                                     |  | THE IS TO                 |
|   |                                | icial Advisors, l                   |  | - 10 m                    |
| The new name must be distinguishable and end w "L.L.C."   | ith the words "L               | Limited Liability Co                | mpany," the designation                            | "LLC" or the abbreviation |
| Enter new principal offices address, if appli   | NA                             |                                     | 28   |                           |
| (Principal office address MUST BE A STRE  | <u>ET ADDRESS</u>              | 2                                   |  | ***                       |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE   | BOX)                           | <u>NA</u>                           |  |                           |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address: |                                | here:                               | on our records, <u>ente</u> Enter Florida street o |                           |
|   |                                |                                     | , Florida  |                           |
|   |                                | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name   | Address  | Type of Action     |
|--------------|--|--|--------------------|
| NA           |  |  | Add Remove         |
|              |  |  | Add Remove         |
| ·            |  |  |                    |
|              |  |  | Add<br>Remove      |
|              |  |  | Add<br>Remove      |
|              |  |  | Add<br>Remove      |
| D. If am     | ending any other information, enter ch   | ange(s) here: (Attach additional sheets, if necess   | SECRETARY OF STATE |
| Dated        | Ronald Ro | mber or authorized representative of a member  A E Jackson  yped or printed name of signee |                    |

Page 2 of 2

Filing Fee: \$25.00