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January 5, 2004

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

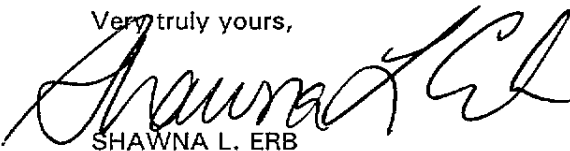
**RE: HBK Sorce Advisory LLC  
HBK Sorce Insurance LLC  
HBK Sorce Financial LLC**

Dear Sir/Madam:

For all three of the above referenced entities, I've enclosed the Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business in Florida along with certified copies of the Limited Liability Company Certificate of Amendment/Restatement/Correction to the State of Ohio for each company.

Additionally, a check in the amount of \$75.00 for the filing fee for all three entities is enclosed. If you have questions, please contact me at the above number. Thank you for your anticipated cooperation.

Very truly yours,



SHAWNA L. ERB

SLE:dka

Enclosures

- ADDITIONAL OFFICES -

26 Market Street, Suite 1200 • Youngstown, Ohio 44503-1769 • (330) 744-1111 • Fax (330) 744-2029  
108 Main Avenue SW • Suite 500 • P.O. Box 1510 • Warren, Ohio 44482 • (330) 392-1541 • Fax (330) 394-6890

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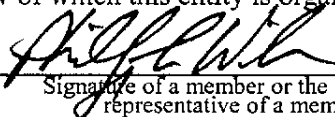
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: HBK Advisory Services LLC
2. Jurisdiction of its organization: Ohio
3. Date authorized to do business in Florida: 08/07/2000

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 12/01/03
5. New name of the limited liability company: HBK Sorce Advisory LLC
6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of a member or the authorized representative of a member

Phillip L. Wilson

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/10/2003	200334401960	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

HARRINGTON, HOPPE & MITCHELL, LTD.  
118 W. LINCOLN WAY  
LISBON, OH 44432

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# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell**

1166534

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**HBK SORCE ADVISORY LLC**

and, that said business records show the filing and recording of:

Document(s)  
**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):  
**200334401960**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 1st day of December,  
A.D. 2003.

*J. Kenneth Blackwell*  
Ohio Secretary of State



**Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent**

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

\_\_\_\_\_  
 (Name)

\_\_\_\_\_  
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
 (City, village or township) Ohio \_\_\_\_\_  
 (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or,  
 B. the limited liability company fails to designate another agent when required to do so, or,  
 C. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**  
 Must be authenticated (signed)  
 by an authorized representative  
 (See Instructions)

  
 Authorized Representative

11/17/03  
 Date

Phillip L. Wilson  
 (Print Name)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 (Print Name)

\_\_\_\_\_  
 \_\_\_\_\_

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