1104000003496

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to		

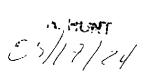
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 414381 8437067
AUTHORIZATION CONTRACTOR OF THE PARTY OF THE
COST LIMIT (\$25.
ORDER DATE : April 12, 2024
ORDER TIME : 1:42 PM
ORDER NO. : 414381-060
CUSTOMER NO: 8437067
FOREIGN FILINGS
NAME: UNITED CAPITAL FINANCIAL TO ADVISERS, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Shauna Godbolt EXT#
EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAY BE A POST OFFICE BOX)		
		:;

2. The Florida document number of this limited liability company is: M09000003496	<u>:</u>	
3. Jurisdiction of its organization: Delaware	:11	±3; €2
4. Date authorized to do business in Florida: 08/27/2009	77	33
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: United Capital Financial Advisors, LL (must contain "Limited Liability Compan (If name unavailable, enter alternate name adopted for the purpose of transacting businesses) of the written consent of the managers or managing members adopting the alternamust contain "Limited Liability Company," "L.L.C." or "LLC.")	ny, " "L.L.C" o	ınd attach
6. If amending the registered agent and/or registered officer address on our records, entregistered agent and/or the new registered office address here:	ter the name of	the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address: Enter Florida Stre	eet Address	
	Florida	
City	Zip	Code

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
			□Add	
			Remo	
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			□Remo	
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			□Remo	
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aforementioned am-	ne lav e of pohishetkis entity is orga n	the official having custody of recor	□Remo	
	Sonya Lanimore	the authorized representative		
	Signature of	the authorized representative		

Filing Fee: \$25.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UNITED CAPITAL FINANCIAL ADVISORS,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNITED CAPITAL FINANCIAL ADVISORS, LLC" WAS FORMED ON THE THIRD DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203490289

Date: 05-16-24

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