Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002586743)))



H150002586743ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tot

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail Address:

HEOFIVED

SOCT 29 PM 1: 10

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORGAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

MIS OFT 20 AM 0-1.

K. SALY 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)
SECTION I (1-4 must be completed) 1. Name of limited liability Company as it appears on the records of the Florida Department of State: NORGAY LLC Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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)
2. The Florida document number of this limited liability company is: M1500005032
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 06/26/2015
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: Advisar LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(must contain "Limited Liability Company, L.L.C.," or LLC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address
, 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 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.

e/ Capacity	Name	Address	Type of Action
			□Add
			Remo
			Remo
			Add
			Remov
			Add
			Remov
			Add
			Remov

Typed or printed name of signee
Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "NORGAY LLC", CHANGING ITS NAME FROM "NORGAY LLC" TO "ADVISAR LLC", FILED IN THIS OFFICE ON THE IMENTY-FIRST DAY OF OCTOBER, A.D. 2015, AT 10:46 O'CLOCK A.M.





5772073 8100 SR# 20150684021 Authentication: 10317949

Date: 10-28-15

Brate of Delaware
Secretary of State
Division of Corporations
Delivered 19:45 AM 10/21/2015
FILED 10:45 AM 10/21/2015
SR 20150582466 - File Number 5772073

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

The Certificate of For s follows:	mation of the limited liability company is hereby am
The name of the Advisar LLC	limited liability company is
	REOF, the undersigned have executed this Certificate
N WITNESS WHEI	_ day of Outober, A.D. 2015
	day of Outober A.D. 2015

2015 OCT 29 AM 9: 42
SELVE JARY OF STATE