(((H210001353043)))

below) on the top and bottom of all pages of the document.



H210001353043ABCT

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLAIRMONT INVESTMENT ADVISORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IONT INVESTMENT ADVISORS, LLC.
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on November 9, 2015 and assigned
Florida document number M15000009023	 '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
•	VT WEALTH ADVISORS LLC
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, enter the name of the new registered
New Registered Office Address:	Enter Florida street address
	, Florida
	City May Code 1
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and concept the obligations of my position as registered a	and agree to act in this capacity. If urther agree could with the complete performance of my duties, and Eun familiar with and agent as provided for in Chapter 605; F.S. Or, if this document is sed office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			Remove
		Al-	☐ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
****			□Add
			□ Remove
			Change
			□Add
			□ Rетоус
			□Change

D.

If amending any other information, enter change(s) here: (Attach additional sheets, if necess	ary.)
Effective date, if other than the date of filing:	ial) ling.) Pursuant to 605.0207 (3 late will not be listed as th
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ord is filed.	The 90th day after the
Dated April 5, 2021	
-15 l	
Signature of a member or authorized representative of a member	
CARLOS SALZEDO	
Typed or printed name of signee	