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.

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H250002429303ABC.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ODGERS BERNDTSON, LLC

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Certificate of Status	0
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ODGERS BERNDTSON, LLC	
Name of Fore	ign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s	s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Heather Glenn	
Name of Person	
InCorp Services, Inc.	
Firm/Company	<del></del>
9107 West Russell Road Suite 100	
Address	
Las Vegas, NV 89148-1233	
City/State and Zip Co	de
managedreports@incorp.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matte	r, please call:
Heather Glenn on behalf of InCorp Services, Inc.	at 800-246-2677
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following  ■ \$25 Filing Fee	☐ \$55 Filing Fee & ☐ \$60 Filing Fee,

## 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)

1. Name of limited liability Company as it appear	rs on the records of the Florida Department of
State: ODGERS BERNDTSON, LLC	
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)	10 PM 3: 04
2. The Florida document number of this limited li	ability company is: M18000002365
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 03/	08/2018
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: $\frac{1}{1}$	RG Advisors, LLC st contain "Limited Liability Company, " "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
<del></del>	City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with rand complete performance of my duties, and I am familiar with the agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited
IfC	Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
itle/ Capacity	<u>Name</u>	Address	Type of Action
			□Remove
			□Add
			Remove
			□Add
			⊡Remov
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			□Remov
			□Add
aforementioned amojurisdiction under the	ne law of which this entity is organi:	he official having custody of records	IRemove OZS JUL 10 PM 3:1 OLUME VAN SSET. FLOR in the

Filing Fee: \$25.00

## Delaware The First State

Page 1

The First State

I, Charuni patibanda-sanchez, secretary of state of the

STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ODGERS

BERNDTSON, LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "IRG ADVISORS, LLC", ON THE THIRTEENTH DAY OF JUNE, A.D.

2025, AT 3:18 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRG ADVISORS, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRG ADVISORS,

LLC" WAS FORMED ON THE FOURTH DAY OF MAY, A.D. 2011.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchen

Authentication: 204151132 Date: 07-09-25

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You may verify this certificate online at corp.delaware.gov/authver.sntml