L10000086938

(Requestor's Name)	
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2011 JAN 18 PM 3: 83
"SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

JAN 1 9 2011

EXAMINER

TO: Registration S Division of Co			·
SUBJECT: A	dvance Horizons Br	okerage and Consult	ing, LLC
		ted Liability Company	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following.	
		Laura A. Brown	· ·
		Name of Person	
	Law Offic	ces of Frye & Associates	s, PL
		Firm/Company	,
	209	000 West Dixie Highway	
	٠.	Address	
	A\	ventura, Florida 33180	
		City/State and Zip Code	
	E-mail address: (1	naria@threeroses.net to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
	aura Brown	at (_305)	931-3200
Name	of Person	Area Code & Day	time Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COU Registration Se Division of Con Clifton Buildin	porations

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ZOII JAN 18 PM 3:83

Advance Horizons Brokerage and Consulting, LLCTATECHETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company were filed on _	August 18, 2010	and assigned	
Florida document number L100000869	938			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company h	iere:		
Advance Cus	stoms Brokers and Consul	ting, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	(OX)		·	
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter the</u>	e name of the new	
Name of New Registered Agent:			-	
New Registered Office Address:		Enter Floridå street addre		
	City	, Florida	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 608, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add				
	 		□ Damova				
	<u> </u>		Add Remove				
			Add.				
			Add Remove				
			Add Remove				
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if nece	ssary.)				
_			2011 TALL				
Dated <u>J</u>	anuary 5, 6	<u> </u>	JAN 18 PM CRETARY OF SAHASSEE, FI				
	Signature of a mer	Jama A. Brown progr or authorized representative of a member					
,	Ту	Laura Brown /ped or printed name of signee	e: es				

Page 2 of 2

Filing Fee: \$25.00