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## **COVER LETTER**

TO:		stration Sec sion of Corp				
CIID ICA			fanagement Group, L.L.C.			
SUBJE	LI; <u>-</u>		Name of Lim	ited Liability Company		
The encl	losed	Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please ro	eturn :	all correspon	dence concerning this matter	to the following:		
			Carty Jones			
				Name of Person	·	<del></del>
			Advanced Management Gr	roup, L.Ł.C.		
				Firm/Company		<del></del>
			1116 South St			
				Address		
			Titusville FL 32780			
				City/State and Zip Code		
			carly@amgec.com	to be used for future annual n	anne notificatio	
For furth	ner int	formation co	ncerning this matter, please ca		ерон поппеацо	n)
Carly Jo	ones			321 567	-4912	
•		Name of	Person	Area Code	Daytime Tele	phone Number
Enclosed	d is a	check for the	e following amount:			
□ <b>\$</b> 25.	00 Fi	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

Advanced Management Group, L.L.C.		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L08000016715	wwere filed on 02/14/2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10- <u></u> -	20
(Principal office address MUST BE A STREET ADDRESS)		A & Sea Comp.
	<u> </u>	(7) N
Enter new mailing address, if applicable:		22 (17)
(Mailing address MAY BE A POST OFFICE BOX)		23 2
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
<del></del>	City	Zip Code

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.

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>	<u>Name</u>	Address	Type of Action
MGR	Ellen C Lawrence	1116 South St Titusville, FL 32780	□ Add
			_■ Remove
			☐ Change
MGR	Jessica Lawrence	7105 Longleaf Branch Dr	
		Jacksonville, FL 32222	□ Remove
		<u></u>	□ Change
			□ Remove
			Change
	<del></del>		Add
			☐ Remove
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Effective date, if other than the fan effective date is listed, the date mus	st be specific and cannot be prior to da	nte of filing or more than 90	(Optional) Jays after filing.) Pursuant to 605
Note: If the date inserted in this blocument's effective date on the D		statutory filing requirem	ents, this date will not be liste
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Filing Fee: \$25.00