

L05000019487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

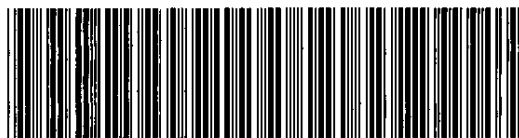
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700187633457

11/12/10--01035--015 **25.00

RECEIVED
11/12/10 4:15 PM

10 NOV 12 PM 4:15

FILED

K. BALLY
EXAMINER
NOV 15 2010



November 10, 2010

Via Federal Express

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ***Advantec Risk Management Consulting Services, LLC***
Document No.: L05000019487

Dear Sir or Madam:

Enclosed please find a copy of the Articles of Amendment to Articles of Organization for the above-referenced limited liability company, together with our company check in the amount of \$25.00 representing payment of the filing fee.

Should you have any questions or require additional information, please do not hesitate to call me at (813) 207-8619.

Sincerely,

A handwritten signature in black ink that reads "April M. Williams". The signature is fluid and cursive, with the first letters of the first and last names being capitalized.

April M. Williams
Licensing Specialist III

:amw
Enclosures

P:\Legal\Corporate Governance\Advantec Risk Management Consulting Services, LLC\Letter to Div Corp re File Art of Amend - 11-2010.doc

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advantec Risk Management Consulting Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

April Williams

Name of Person

Advantec

Firm/Company

4890 W. Kennedy Blvd., Ste. 500

Address

Tampa, FL 33609

City/State and Zip Code

awilliams@advantec-hr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Williams

Name of Person

at (813)

207-8619

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
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**

FILED
10 NOV 12 PM 4:15

Advantec Risk Management Consulting Services, LLC

(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 Liability Company were filed on 2/25/2005 and assigned
Florida document number L05000019487.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Advantec - PR, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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 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 = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

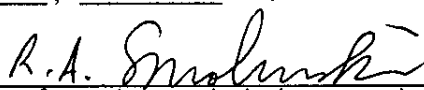
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 8, 2010



Signature of a member or authorized representative of a member

By: Agency Solutions Intern'l, Inc., Mng Mmbr / By: Robert A. Smolinski, Treas

Typed or printed name of signee