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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Solvision of Co				
SUBJECT:	AD H	oldings, LLC		
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		Alpa Patel		
		Name of Person		
		AD Holdings, LLC		
		Firm/Company		
	13176	N. Dale Mabry Hwy., #	‡232 <u> </u>	
		Address		
		Tampa, FL 33618		32 g
	<u></u>	City/State and Zip Code		
	a	lpie999@yahoo.com		10 MAR 29 ALLAHASSE
		to be used for future annual repor	t notification)	1 ' 1 "
For further information	concerning this matter, please of	eall:		
	Alpa Patel	at (813)	464-0897	2: 03
	of Person		Daytime Telephone Number	
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified C	of Status &
	JING ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AD Holdings, LLC				
(<u>Name of the Limite</u>)	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited I	iability Company were filed on	08/09/2005	and assigned		
Florida document numberL0500007	8191				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company her	<u>re</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp.	any," the designation "L	LC" or the abbreviation		
	aabla.		7 6 3		
Enter new principal offices address, if appli		A T			
(Principal office address MUST BE A STRE	ET ADDRESS)		29 7.88		
			1,1,-,		
E-14			PH 2:		
Enter new mailing address, if applicable:	22 0				
(Mailing address MAY BE A POST OFFICE	<u></u>		 >		
B. If amending the registered agent and registered agent and/or the new registered of	_	our records, enter t	ne name of the new		
Name of New Registered Agent:	Carlos Gomez				
New Registered Office Address: 13176 N. Dale Mabry Hwy., #232					
	Enter Florida street address				
	Tampa	, Florida	33618		
	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

Page 1 of 2

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

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Colleen Tuttle	176 Talley Drive Palm Harbor, FL 34648-465	Add Remove
			Add Remove
			□ Damova
			- -
			Add Remove
			Add Remove
D. If amend	ding any other information,	enter change(s) here: (Attach additional sheets, if	25 65
			FIL 10 MAR 29 LEANETSAY
	Advanta OO	0040	PH 2: 03 YEF SANTE
Dated	March 23		<i>≽</i> ™ ω
		alga Patel	<u> </u>
	Signatur	e of a member or authorized representative of a member	r
		Alpa Patel Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00