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S. HAWKES

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EXAMINER

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:,	Registration S Division of Co			
SUBJI	г <i>С</i> Т•	YBHC	STING, LLC	
SOL	<u> </u>		ited Liability Company	 -
		f Amendment and fee(s) are sul	_	
Please	return all corresp	ondence concerning this matter	to the following:	
		J	OHN P. ARMSTRONG	
			Name of Person	
			YBHOSTING, LLC	
			Firm/Company	
		15928 SW 99 LANE		
			Address	
	•		MIAMI, FL 33196	
JP.ARI E-mail address: (City/State and Zip Code		
		MSTRONG@GMAIL.COM to be used for future annual report not	fication)	
For fur	rther information	concerning this matter, please of	eall:	
	JOHN	P. ARMSTRONG	at (305)	981-6490
	Name	of Person	Area Code & Daytin	ne Telephone Number
Enclos	sed is a check for	the following amount:		
₹ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		LING ADDRESS: tration Section	STREET/COUR Registration Secti	HER ADDRESS:
Division of Corporations		Division of Corne	orations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	YBHOSTING, LLC		ES ST
(Name of the Limited Li (A Flo	ability Company as it now appear orida Limited Liability Company)	rs on our records.)	30 PR
The Articles of Organization for this Limited Liabi	ility Company were filed on	07/20/2006	and assigned
Florida document numberL0600007204			CARDA 25
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company her	<u>·e</u> :	
A. T. AD	VANCED SOLUTIONS, LL	.C	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
	<u>-</u>		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		

B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street a	address
	Linei Fioriau Sireei aaaress		
•	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

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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D. If ame	nding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
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Dated	·,		
	<i>\)///</i>	Les lecone	
		mber or authorized representative of a member	
		OHN P. ARMSTRONG yped or printed name of signee	<u></u>

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00