

LO60000074177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

LO6-74177

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

11/8

name ch

Office Use Only



800081569708

11/08/06--01016--021 \*\*60.00

FILED  
06 NOV -8 PM 5:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADVANTAGE ASSET 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:

DEAN CHIUSANO  
(Name of Person)

ADVANTAGE ASSET LLC  
(Firm/Company)

5090 CEDAR SPRINGS DRIVE  
(Address)

NAPLES, FL 34110  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEAN CHIUSANO at ( 518 ) 542-5611  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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:**  
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**

ADVANTAGE ASSET LLC

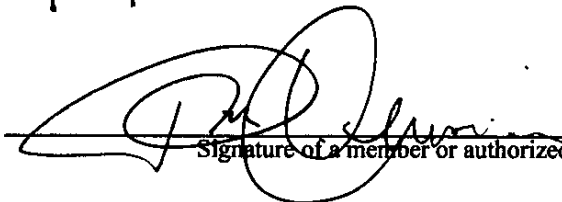
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on JULY 26, 2006 and assigned document number LC06000074177

**SECOND:** This amendment is submitted to amend the following:

The current documents read ADVANTAGE ASSET LLC.  
I would like them to read ADVANTAGE ASSET MANAGEMENT LLC.

Dated 11 / 6 / 06, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Dean Chiusano  
\_\_\_\_\_  
Typed or printed name of signee

06 NOV - 8 PM 5: 54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED