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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	Advanced Ho	orizons VIII, LLC		
oonster.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Diana Welch		
			Name of Person	
		Advanced Horizons VIII, I	LLC	
			Firm/Company	
		75 Jacobus Ave		
			Address	
		Kearny, NJ 07032		
			City/State and Zip Code	
		dianaw@spectraserv.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	iformation co	ncerning this matter, please ca	ıll:	
Diana Welcl	7.4			
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
5 25.00 F	iling 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

TO:

Registration Section

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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	Advanced Horizons VIII, LLC			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Chris Miele 712 SE Harper St, Suite 201 Enter Florida street address Stuart Florida 34994	(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on c Liability Company)	our records.)
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: Chris Miele New Registered Office Address: T12 SE Harper St, Suite 201 Enter Florida street address Stuart Florida 34994		iability Company	were filed on April 19	, 2007 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or the abbreviation "L1.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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Chris Mielc 712 SE Harper St, Suite 201 Enter Florida street address Stuart Florida 34994	This amendment is submitted to amend the follo	owing:		
Enter new 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 registered agent and/or the new registered office address here: Name of New Registered Agent: Chris Miele New Registered Office Address: T12 SE Harper St, Suite 201 Enter Florida street address Stuart Florida 34994	A. If amending name, enter the new name o	f the limited liab	ility company here:	
Enter new 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 registered agent and/or the new registered office address here: Name of New Registered Agent: Chris Miele New Registered Office Address: T12 SE Harper St, Suite 201 Enter Florida street address Stuart Florida 34994	The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
(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 registered agent and/or the new registered office address here: Name of New Registered Agent: Chris Mielc New Registered Office Address: T12 SE Harper St, Suite 201 Enter Florida street address Stuart Florida 34994	Enter new principal offices address, if applicable		75 Jacobus Ave	
Mailing address MAY BE A POST OFFICE BOX) Kearny, NJ 07032 B. If amending the registered agent and/or registered office address on our records, enter the mame of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Chris Miele 712 SE Harper St, Suite 201 Enter Florida street address Stuart Florida 34994	• • • • • • • • • • • • • • • • • • • •		Kearny, NJ 07032	
Name of New Registered Agent: New Registered Office Address: Chris Miele	(Mailing address MAY BE A POST OFFICE BOX)		Kearny, NJ 07032	77.7
New Registered Office Address: 712 SE Harper St, Suite 201 Enter Florida street address Stuart , Florida 34994				مستر يرم ورب
Stuart, Florida 34994	Name of New Registered Agent:	Chris Miele		
Stuart , Florida 34994	New Registered Office Address:	712 SE Harper	`	
		S44	Enter Florida st.	
		Stuart	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 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

Page 1 of 3

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
MGRM	Joseph A. Miele	75 Jacobus Ave, Kearny, NJ 07032	
			□ Remove
			= Change
VMGRM	Christopher Miele	75 Jacobus Ave, Kearny, NJ 07032	 .
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change

						
						
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Tective date, if other than the effective date is listed, the date in the: If the date inserted in this	ne date of filin oust be specific and block does not t	g:d cannot be prior	o date of filing or n	opti fore than 90 days after for requirements, this	onai) filing.) Pursuant to 605 salate will not be list	5.0207
cument's effective date on the			ore statutory min	ig requirements, un	s date will not be iisii	cu as
manual manufilm and alass	-					
record specifies a delaye The 90th day after the re			. an enective	ume, at 12:01 (i.m. on the earli	er or
October 23		2019				
ted	mil	,	<u>.</u> .			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00