

# L01000127397

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

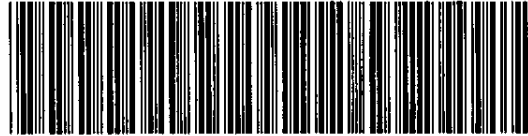
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

N. Oufigan JAN - 9 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Corporate Advance Solutions, 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:

William Clark

Name of Person

Astonish Capital Management, Inc.

Firm/Company

4651 Salisbury Rd. # 400

Address

Jacksonville, Fl. 32256

City/State and Zip Code

info@astonishcapital.com

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

For further information concerning this matter, please call:

William Clark

Name of Person

at ( 904 ) 513-8390

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|---------------|-------------------------|--------------------------------------------|
| CEO          | William Clark | 4651 Salisbury Rd. #400 | <input type="checkbox"/> Add               |
|              |               | Jacksonville, Fl. 32256 | <input checked="" type="checkbox"/> Remove |
|              |               |                         |                                            |
| CEO          | Alana Bright  | 4720 Salisbury Rd.      | <input checked="" type="checkbox"/> Add    |
|              |               | Jacksonville, Fl. 32256 | <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.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

William J. Clark

Typed or printed name of signee

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Filing Fee: \$25.00

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