

I

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	:
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	, t



06/22/20--01037--011 **25.00



AUG (0 6 2020

I ALBRITTON

TO: Registration Section Division of Corporations

ADVENT HOLDINGS LLC

SUBJECT: _

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:

RICARDO BROWN

Name of Person

ADVENT HOLDINGS LLC

Firm/Company

9565 SOUTH ORANGE BLOSSOM TRAIL, STE # 1

Address

ORLANDO, FLORIDA 32837

City/State and Zip Code

RBROWN@ADVANTAGEORLANDO.COM

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

For further information concerning this matter, please call:

VERADINE GONSALVES 407 484-7278 at (_____) Area Code Davtime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

ADVENT HOLDINGS LLC	E.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L07000127798</u>	were filed on $\frac{12/27/2007}{2}$ and assigned		
This amendment is submitted to amend the following:	۲۵ ۲۵ ۲۰		
A. If amending name, enter the new name of the limited liab	ility company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	9565 SOUTH ORANGE BLOSSOM TRAIL		
(Principal office address MUST BE A STREET ADDRESS)	STE # 1		
	ORLANDO, FLORIDA 32837		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	9565 SOUTH ORANGE BLOSSOM TRAIL		
	STE # 1 ORLANDO, FLORIDA 32837		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new reg</u>		
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Florida street address		

Emer Florida sirver address

, 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 we 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

of removed from our records.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
VP	RICARDO BROWN	7799 STYLES BLVD.	🗆 Add
		KISSIMMEE, FLORIDA 34747	🖩 Remove
			□Change
CFO	RICARDO BROWN	STE # 1	_ 🖬 Add
		9565 SOUTH ORANGE BLOSSOM TRAIL	🗆 Remove
		ORLANDO, FLORIDA 32837	□Change
			🗆 Add
			🗆 Remove
		<u> </u>	Change
			🗆 Add
			🗆 Remove
			□Change
			Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

		 	•	
· · · · · · · · · · · · · · · · · · ·		 ·		
-		 		
_				
<u> </u>	<u> </u>		••	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	

E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated _	June 18 74 2020	
	Relandorom	
	Signature of a member or authorized representative of a member	
	RICARDO BROWN	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00