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EXAMINER



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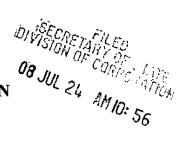
COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation of Corporation (Corporation Corporation)			•		
Advanced Conite I.I.C					
SUBJECT: Advanced Capital 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:					
	Matthew Kenna				
		(Name of Person)			
Advanced Capital LLC					
		(Firm/Company)	, , , , , , , , , , , , , , , , , , , 		
5249 Ehrlich Road					
(Address)					
Tampa, FL 33624					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Matthew Kenna		at (813) 865-3050			
(Name of	Person)	(Area Code & Daytime Te	elephone 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



Advanced Capital LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recor iability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000029845</u> .	were filed on 03/24/2008	and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:	•	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the design	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	5249 Ehrlich Road		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33624		
Enter new mailing address, if applicable:	5249 Ehrlich Road		
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33624		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		enter the name of the new	
New Registered Office Address:	(Enter Florida street address)		
	, Flor	ida	
	(City)	(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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action Address Title** <u>Name</u> MGRM James Ramge **₽** ✓ Add 5249 Ehrlich Road Remove Tampa, FL 33624 MGRM Matthew Benedetto 5249 Ehrlich Road **⊞** ✓ Add Tampa, FL 33624 Remove 🗂 Add Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated _____ July 21 member or authorized representative of a member Matthew J. Kenna

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00