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EXAMINER



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COVER LETTER

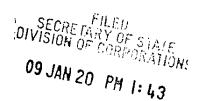
TO: Registration Section
SUBJECT: A D VANCED SERVICES I, 'LLC' (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SANDRA M Stouch (Name of Person)
ADVANCED SERVICES I, 'LLC' (Firm/Company)
8 Merida Lane. (Address)
Port St. Lucia FL 34952. (City/State and Zip Code)
For further information concerning this matter, please call: Cell 856-371-8348 Cell 856-371-8348 at (772) 335-9639 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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



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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 16,2008 and assigned Florida document number _____ 08000038307

This amendment is submitted to amend the following:

A. It amending name,	enter the new na	ame of the numeu nabin	y company nere:
.			''

The new name must be distinguishable and end wit "L.L.C."	th the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/registered agent and/or the new registered of		r records, enter the name of the nev
Name of New Registered Agent:	Remaido L	Lopez
New Registered Office Address:	1807 E SI	anderling LANE
	Fort Pience	Lopez andenling Lane er Florida street address) , Florida 34982. (Zip Code)
	(City)	(Zin 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 Changing Registered Agent, Signature of New Registered Agent)

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

Title	Name	Address	Type of Action
N GR O <u>WNER</u>	SANDRAM Stouch	8 Merida Lane Port St. Lucie, 7134952	Add Remove
MgR	RemaldoLLopez	1807 E Sandenling Ln Fort Pierce, FL 3498=	Add Remove
			Add Remove
			Add Remove
			Add Remove
		· 	Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			
Dated	1/14 , 200 Sandra M S &		····
	SAN dRA M Typed	or authorized representative of a member . S + o v c h or printed name of signee	

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Filing Fee: \$25.00