

608000071374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500134523835

08/19/08--01015--014 \*\*25.00

FILED  
2008 AUG 19 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

AUG 20 2008

EXAMINER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Advent Strategies, LLC

(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 07/24/06 and assigned  
Florida document number L08000071374.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

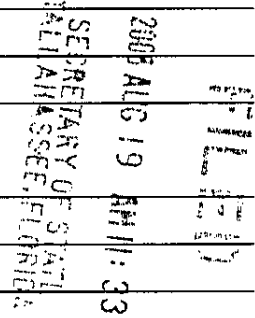
5747 SW 96th Street

Pinecrest, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above



**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

, Florida

(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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

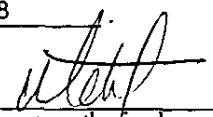
2008 AUG 19 19:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Spelling of Managing Members name was misspelled on the original filing. The name  
should be spelled "Jose Fourquet"

Dated August 7, 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARK CHAVES  
\_\_\_\_\_  
Typed or printed name of signee

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Advent Strategies, 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:

Mark Chaves

(Name of Person)

Chaves & Armstrong, PA

(Firm/Company)

9830 SW 77th Avenue, Suite 125

(Address)

Miami, Florida 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Chaves

(Name of Person)

at ( 305 ) 403 3146 x 250

(Area Code & Daytime Telephone Number)

FILED  
2008 AUG 19 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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