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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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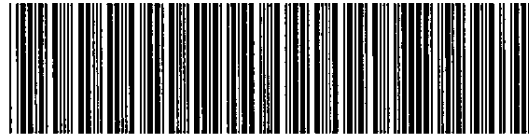
(Business Entity Name)

(Document Number)

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AUG 23 2013

T. C. L.

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:

Craig Armstrong

Name of Person

CA PA CPA

Firm/Company

9830 SW 77 Avenue, Suite 125

Address

Miami, FL 33156

City/State and Zip Code

carmstrong@capacpa.com

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

For further information concerning this matter, please call:

Mr. Jose Fourquet

Name of Person

at **917 592-6378**

Area Code & Daytime Telephone 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

SECRETARY OF STATE
STATE AGENCY FOR
CORPORATION

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**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 July 24, 2008 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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
MGR	Karen Fourquet	500 S. Dixie Hwy	<input checked="" type="checkbox"/> Add
		Suite 207	<input type="checkbox"/> Remove
		Coral Gables, FL 33146	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA
CLERK OF SUPERIOR COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY

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

1) Add Karen Fourquet as Member.

2) Change Principal Address of company to:

500 S. Dixie Highway, Suite 207

Coral Gables, FL 33146

Dated July 19, 2013


Signature of a member or authorized representative of a member

JOSE FOURQUET
Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF SUPERIOR COURT

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