# L08000095585

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J. BRYAN

NOV 1 2 2008

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Advisors, LCC (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:
Leonardo De Gado (Name of Person)  Advanced Red Estate Advisors LCC (Firm/Company)  2600 S. Doug las Rd, Sci to 363 (Address)  Conal Gables R 33/34 (City/State and Zip Code)
For further information concerning this matter, please call:
Lecuração Delgade at (305) 447-8350 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  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



ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Florida document number LO86000 95585. 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) 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: Conal Gibles Florida 33/34

(Zip Code) Name of New Registered Agent: New Registered Office Address:

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 = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u> 46R</u>	Leousedo Delgado, Se	1600 S. Douglas Rd Suite 303 - CORNI GABLES, FL 33134	Add Remove
<u>116R</u>	Leouando Delgado	26005, Douglas Rd Suite 303 Count Gables, FL 33134	Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
	buenber 6th, 200	ef.	SHARTARY OF STATE SHARSION OF CORPORATIONS  08 NOV 10 PN 2: 54
	Leonardo Delend	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00