(Requestor's Name)  (Address)	900161419719
(City/State/Zip/Phone #)	10/19/0901033007 **25.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	in the second of

Special Instructions to Filing Officer:

L. SELLERS

OCT 21 2009

**EXAMINER** 

Office Use Only

\*\*25.00

## **COVER LETTER**

Division of Co	rporations	•			
SUBJECT:	Spring Brea	k Promotions, LLC			
30 Date 1.		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Clyde Snodgrass			
		Name of Person			
	Addvent Funding, LLC				
	Firm/Company				
	8330 Stone Run Court				
	Address				
	Tampa, FL 33615				
	City/State and Zip Code				
	Clyde E-mail address: (1	e@addventfunding.com to be used for future annual report notifica	ution)		
For further information	concerning this matter, please c	eall:			
<u></u>	de Snodgrass	at ( 813 ) 7  Area Code & Daytime 7	87-4893		
Name	of Person	Area Code & Daytime	retephone (vumber		
Enclosed is a check for	the following amount:				
<b>∑</b> \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO:

Registration Section

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 1	iability Compa	omotions, Ll ny as it now appea liability Company)	rs on our records.)	A		
The Articles of Organization for this Limited Liability Company were file			2/16/2009	and assigne	ed	
Florida document number L09000155	573					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :			
F	Addvent Mort	gage, LLC				
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liability Comp	any," the designation "L	LC" or the abbre	eviation	
Enter new principal offices address, if applical	ble:	8330 Stone	Run Court			
(Principal office address MUST BE A STREET	(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33615			
Enter new mailing address, if applicable:		8330 Stone l	Run Court			
Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33615				
B. If amending the registered agent and/or the new registered offi			our records, enter th	ne name of th	 ie new	
Name of New Registered Agent:	Nicole Snodgrass		O9 OC SECKE TALLAI			
New Registered Office Address:	8330 Stone Run Cou		nter Florida street addr	조를 그		
		_	, Florida	3361₹		
		City		Zw Code		
New Registered Agent's Signature, if changing Ro	egistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> Name <u>Address</u> CEO Nicole Snodgrass 8330 Stone Run court Tampa, FL 33615 ✓ Add Remove Nicole Gonzales CEO ☐ Add 609 South Melville Ave ✓ Remove Unit 4 Tampa, FL 33615  $\square$  Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 13th 2009 Dated Signature of a member or authorized representative of a member Nicole Snodgrass

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00