## 209000056058

| (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: |
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Office Use Only



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## **COVER LETTER**

| TO:     | Registration Sec<br>Division of Corp |  | •   |  |
|---------|--------------------------------------|--|---|--|
| SUBJEC  | ADVANCE                              | D BI, LLC                                    |   |  |
| 30,001  |                                      | Name of Limit                                | ted Liability Company   | <del></del>  |
| The en  | closed Articles of A                 | Amendment and fee(s) are subn                | nitted for filing.  |  |
| Please  | return all correspoi                 | ndence concerning this matter to             | o the following:  |  |
|         |                                      | ENEIDA GOMEZ                                 |   |  |
|         |                                      |  | Name of Person  | <del></del>  |
|         |                                      | ENEIDA GOMEZ, MD PA                          |   |  |
|         |                                      | <del>.</del>                                 | Firm/Company  |  |
|         |                                      | 1750 TREE BLVD SUITE                         | 5   |  |
|         |                                      |  | Address   | . <del></del>  |
|         |                                      | ST AUGUSTINE, FL 3208                        | 34  |  |
|         |                                      | ·  | City/State and Zip Code   |  |
|         |                                      | E-mail address: (t                           | o be used for future annual report notifi                           | cation)  |
| For fur | ther information co                  | oncerning this matter, please ca             | II:   |  |
| ENEI    | DA GOMEZ                             |  | 904 342-0672<br>at ()   |  |
|         | Name of                              | Person                                       | Area Code Daytime   | Telephone Number   |
| Enclos  | ed is a check for th                 | e following amount:                          |   |  |
| \$2     | 5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ADVANCED BILLC  |   |                       |
|---|---|-----------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)   | ny as it now appears on our records.)<br>Liability Company) |                       |
| The Articles of Organization for this Limited Liability Company Florida document number 4.09000056058                 | and assigned  |                       |
| This amendment is submitted to amend the following:   |   |                       |
| A. If amending name, enter the new name of the limited liab   | oility company here:  |                       |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity 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)   |   | <b>56</b> ¥8.         |
|   |   |                       |
|   | <del></del>   | - 변화기<br>6 이전기        |
| Enter new mailing address, if applicable:   |   | ORPI                  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | <b>်း</b> နှ          |
|   |   | 10x                   |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her |   | r the name of the no  |
| 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | Address  | Type of Action |
|--------------|--------------------|--|----------------|
| MGR          | ENEIDA GOMEZ       |  | □ Add          |
|              |                    | 877 WHITE EAGLE CIRCLE<br>ST AUGUSTINE, FL 32086 | Remove         |
|              |                    |  | Change         |
| MGRM         | ANTONIO MERCADO    |  | Add            |
|              |                    | 877 WHITE EAGLE CIRCLE<br>ST AUGUSTINE, FL 32086 | ■ Remove       |
|              |                    |  | ☐ Change       |
| MGRM         | ENEIDA GOMEZ MD PA | 1750 TREE BLVD SUITE 5<br>ST AUGUSTINE. FL 32084 | Add            |
|              |                    | . <del></del>                                    | Remove         |
|              |                    |  | □ Change       |
|              | -                  |  |                |
|              |                    | <del>.</del>                                     | Remove         |
|              |                    |  | Change         |
|              |                    |  | □ Add          |
|              |                    |  | Remove         |
|              |                    |  | Change         |
|              |                    |  |                |
|              |                    |  | Remove         |
|              |                    |  | ☐ Change       |

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| Effective of    | date, if other than the da   | ite of filing:   |                    |                                       | (opt                 | tional)  |                         |
| (If an effectiv | e date is listed, the date must be<br>ne date inserted in this block | specific and cam | not be prior to da | ite of filing or me                   | re than 90 days aft- | er filing.) Pursuant   | to 605.02<br>sellisted: |
|                 | s effective date on the Depa   |                  |                    | , , , , , , , , , , , , , , , , , , , | 774-11-2111-2111-21  |  |                         |
|                 |  |                  |                    |                                       |                      | _  |                         |
|                 | f specifies a delayed e<br>th day after the recor                    |                  | e, but not ai      | n effective ti                        | me, at 12:01         | a.m. on the  | earlier                 |
|                 | CHETTI   | •                | 010                |                                       |                      |  |                         |
| Dated AU        | 0031 14  | ··               | 018                |                                       |                      |  |                         |
|                 | // // //   |                  |                    |                                       |                      |  |                         |

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Typed or printed name of signee

Filing Fee: \$25.00