

209000056058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

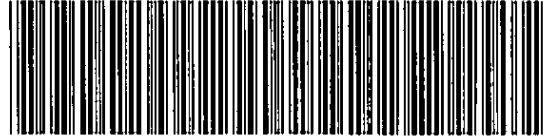
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP -6 AM 5:42

N COOPER

SEP 12 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADVANCED BI, 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:

ENEIDA GOMEZ

\_\_\_\_\_  
Name of Person

ENEIDA GOMEZ, MD PA

\_\_\_\_\_  
Firm/Company

1750 TREE BLVD SUITE 5

\_\_\_\_\_  
Address

ST AUGUSTINE, FL 32084

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

ENEIDA GOMEZ

904 342-0672  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

## ADVANCED BI LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ENEIDA GOMEZ		<input type="checkbox"/> Add
		877 WHITE EAGLE CIRCLE ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ANTONIO MERCADO		<input type="checkbox"/> Add
		877 WHITE EAGLE CIRCLE ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ENEIDA GOMEZ MD PA	1750 TREE BLVD SUITE 5 ST AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

AUGUST 14, 2018

 Signature of a member or authorized representative of a member

Typed or printed name of signee