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S. HAWKES

JUL 7 - 2009

EXAMINER

COVER LETTER

Division of	on Section , Corporations				
SUBJECT: Advanced Solutions Worldwide, LLC					
	Name of Lim	ited Liability Company			
	es of Amendment and fee(s) are su	_			
	Santiago Correa				
Name of Person					
Advanced Solutions Worldwide, LLC Firm/Company					
Firm/Company					
807 S. Howard Ave, Unit 213 Address					
		rudios			
	Tampa, FL 33606 City/State and Zip Code				
	s	correa@aswwllc.com			
۲	E-mail address:	(to be used for future annual report notifica	tion)		
For further informat	ion concerning this matter, please	call:			
	Santiago Correa		51-7515		
Name of Person		Area Code & Daytime T	elephone Number		
Enclosed is a check	for the following amount:				
\$25.00 Filing Fe	e\$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)		
R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced Solutions Worldwide, LLC

(Name of the Limited)	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
(A	Tiorida Elimica Elabinty Company)		
The Articles of Organization for this Limited Lia	ability Company were filed on	June 22, 2009	and assigned
Florida document number L09000060	501	· •	14 8 T
This amendment is submitted to amend the follo	wing:	\\	
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	Z
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	C" or in abbreviation
Enter new principal offices address, if applica	ble:		- v
(Principal office address MUST BE A STREET	(ADDRESS)		• *
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered off	•	our records, enter th	ne name of the new
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

Title Name **Type of Action** Address **MGRM** Morad M Tawfik 903 West Ohio Avenue ☐ Add Tampa, FL 33603 US √ Remove ∏ Add -Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 26 June Dated_ Signature of a member or authorized representative of a member Santiago Correa Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00