L09000 104764

(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:					

Office Use Only



400171846864

03/12/10--01020--004 **25.00

2010 HAR 12 PH 2: 11
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE

MAR 1 5 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	Advanced Av	vning & Design, LLC	
			ited Liability Company	<u> </u>
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
(C. Randolph Coleman	
	•		Name of Person	
T			he Coleman Law Firm	
Fi			Firm/Company	
9250 B			aymeadows Road, Ste 450	2011 SF TAI
Address			Address	CRE
	Jacksonville, FL 32256			2010 HAR 12 PH 2: 1 SECRETARY OF STAT TALLAHASSEE, FLOR
City/State and Zip Code				- SEE P
		giankar	en@thecolemanlawfirm.net	FEI FEI
For fur	ther information	E-mail address: (concerning this matter, please of	to be used for future annual report notification)	: 11 ORIOA
•	C. Ra	ndolph Coleman	at (904) 448-1969	
	Name	of Person	Area Code & Daytime Telephone No	umber
Enclos	ed is a check for	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations Box 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	· SS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advanced A	wning & Design, L	LC	· .
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	10/29/1009	and assigned
Florida document numberL09000104766	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	iny," the designation "I	ALCORET HE TO THE TOTAL A HELD
Enter new principal offices address, if applicable:			AND N
(Principal office address MUST BE A STREET ADDRI	ESS)		SEX TO TO
			FOF 7
			REAL PROPERTY.
Enter new mailing address, if applicable:	<u> </u>		- Di
(Mailing address MAY BE A POST OFFICE BOX)	-		·
·			
B. If amending the registered agent and/or registered agent and/or the new registered office address.		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>		, 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 Address Type of Action Name MGRM Todd Smith 2155 Corporate Sq Blvd, Bldg 100 ✓ Add Jacksonville, FL 32216 Remove MGR Todd Smith 2155 Corporate Sq Blvd, Bldg 100 Jacksonville, FL 32216 ∏ Add ✓ Remove Add ☐ Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00