10000086938

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corp							
SUBJECT: Ad		kerage and Consult ted Liability Company	ng, LLC				
The enclosed Articles of A	The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspond	dence concerning this matter	to the following:					
		Laura Brown					
		Name of Person					
Law Offices of Frye & Associates, PL							
		Firm/Company	·				
	209	00 West Dixie Highway					
	Address						
Aventura, FL 33180							
		City/State and Zip Code					
	maria@threeroses.net E-mail address: (to be used for future annual report notification)						
		-	notification)				
For further information cor	ncerning this matter, please c	all:					
Lau	ıra Brown	at (305)	931-3200				
Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl.	\$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

Advance Horizon Brokerage and Consulting, LLC					
(Name of the Limited Liability Com (A Florida Limite	<u>pany as it now appe</u> d Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Compa Florida document numberL10000086938) and a	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company h	ere:			
Advance Horizons Broke	rage and Consu	ılting, LLC			
The new name must be distinguishable and end with the words "LiL.C."	imited Liability Com	pany," the designation "	LLC" or the	e abbreviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the name	of the new	
Name of New Registered Agent:			SECRE	<u> </u>	
New Registered Office Address:		Enter Florida street ad	dřesš". –	Section.	
	_				
	City	, Florida	Zip Ca	de mm	
New Registered Agent's Signature, if changing Registered Ager	n <u>t:</u>		SEA C	. இது ச	

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 awending 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

AGRM = Managing Member					
<u>itle</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove		
			Add Remove		
			_		
<u>.</u>			Add Remove		
			Add		
			Remove		
			Add Remove		
			— ∏Add		
			Remove		
. If am	nending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)			
	Article III shall be amended to read	as follows: "Any and all lawful business,			
	including customs related business	5. ^{tt}	_		
			_		
ated	December 6, 2	_010			
	Signature of a mem	Der or authorized representative of a member			
		Laura Brown			
	Тур	ed or printed name of signee			

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Filing Fee: \$25.00