11000097072

(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:
Special instructions to Filing Officer.
.

Office Use Only



800188432868

12/13/10--01063--007 **25.00



T. CLINE
DEC 14 2010
EXAMINER

COVER LETTER

Division of Corp				
SUBJECT:	Advocate Au	to Consultants, LL0	C	
		ited Liability Company	-	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Tom Coletta		
		Name of Ferson		
	Advoc	ate Auto Consultants,	LLC	
		Firm/Company		
•		1075 W. Morse Blvd.		
		Address		
	١٨	Vinter Park, FL 32789		
	v	City/State and Zip Code		Zein Sec
	TColetta	a@advocateautoclaims	s.com	CARA OBC
		to be used for future annual repo		
For further information co	ncerning this matter, please c	eall:		- M2 ω (
	om Coletta	at (407)	982-3235 Daytime Telephone Number	
Name of	Person	Area Code &	Daytime Telephone Number	
Enclosed is a check for the	e following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	of Status &

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

Advocate	Auto Consultants, L	LC		
(Name of the Limited Liab (A Flori	ility Company as it now appear da Limited Liability Company)	s on our records.		
The Articles of Organization for this Limited Liabilit Florida document numberL10000097072	· · · · —	09/16/2010	and assigned	
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)			
			7 S	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	
	 		(21 CE) 2000	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on o	ur records, <u>enter tl</u>	ne name of the new	
registered agent and/or the new registered office a	ddress here:			
Name of New Registered Agent:				
New Registered Office Address:				
Her registered Office Address.	Enter Florida street address			
		, Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Address	Type of Action
MGRM	Ziad Khoury	1075 W. Morse Blvd.	Add
		Winter Park, FL 32789	Remove
MGRM	William S. Cook	1075 W. Morse Blvd.	
		Winter Park, FL 32789	
			Add Remove
			Add Remove
			Add Remove
			AR Add C
D. If ame	ending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	The I
-			***
-			
Dated	Jecember 9.	2610	
·	Signature of a	member or authorized representative of a member	
		Tom Coletta Typed or printed name of signee	·
		typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00