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B. BOSTICK NOV **1 5 2012** 

EXAMINER

# COVER LETTER

TO:

**Registration Section Division of Corporations** 

# ADVANCER LOGISTICS, LLC

SUBJECT:

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:

# **CHARLES TAY**

Name of Person

# TAY AND ASSOCIATES, LLC

Firm/Company

# 247 S.W. 8TH ST # 380

Address

# **MIAMI FL 33130**

City/State and Zip Code

# ctay@tayandassociates.com

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

For further information concerning this matter, please call:

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

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Tallahassee, FL 32314 (2) (AC) The first transfer to the Corporations of the Parish transfer to the Corporations of the Corporations of the Corporation of the e, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Thy Store and Life Cate

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# ADVANCER LOGISTICS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		, , , , ,		
The Articles of Organization for this Limited L. Florida document number L11000100906	iability Company were	filed on 09/02	/2011	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability o	ompany here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Li	ability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	able:	·		
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	<del>1</del>
	***************************************			
Enter now mollier address if anylisely			(	To provide the second
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			· · ·	
Muang agaress MAT BEAT OST OTTICE	<u></u>			5 5 <b>5</b>
		#		2
B. If amending the registered agent and/ registered agent and/or the new registered or	or registered office a ffice address here:	ddress on our	records, enter t	he name of the ne
Name of New Registered Agent:	CARLOS A. SA	NCHEZ		
New Registered Office Address:	701 BRICKEL	AVENUE	#1480	
		Enter	Florida street addi	ress
	MIAMI		, Florida <u>33</u>	131
	City	,		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the p accept the obligations of my position as regi being filed to merely reflect a change in the	proper and complete p stered agent as provid	erformance of i led for in Chap	ny duties, and I a ter 608, F.S. Or,	m familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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			Remove	
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	er information, enter change(s) here: (Attach additional sheets, if necessary.)
N/A	
	,
Dated NOV 9	2012
	alles.
	Signature of a member or authorized representative of a member
	CARLOS A. SANCHEZ
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEF FINALE