

(D		
(кеді	uestor's Name)	
(Addr	ess)	
(Address)		
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
· (Busi	ness Entity Nar	me)
. (240)	riose Emily ria	,
. (Deer	manus Necesiana	
(DOCK	ument Number)	
- 10 / - 1		
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



700242164867

01/09/13--01008--025 **60.00

TILED

13 JAN-9 PHIZ: 47

SECREGALY OF STATE

B. BOSTICK
JAN 1 0 2013

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

FLORIDA NEW ADVANCE, LLC

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:

DAVID J. KAHN

Name of Person

GREEN & KAHN, PL

Firm/Company

317 71st. ST

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

david@gkmiamilaw.com

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

For further information concerning this matter, please call:

David Kahn

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 Spatis & 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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA NEW ADVANCE, LLC

(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 Liability Florida document number L12000045486	Company were filed on April 03, 20	12 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the des	
Enter new principal offices address, if applicable:		NECO J
(Principal office address MUST BE A STREET AD	DRESS)	- 50 = 1
	***************************************	SSE O
		E.FLO
Enter new mailing address, if applicable:		2: 2:
(Mailing address MAY BE A POST OFFICE BOX)		6m J
B. If amending the registered agent and/or registered agent and/or the new registered office a		ls, enter the 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, <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>	Name	Address	Type of Action
MGRM	HUMBERTO J. MAYORGA	6365 Collins Ave, no. 2310	Add
		Miami Beach, FL 33141	Remove
MGRM	MARIA E. MAYORGA	6365 Collins Ave, no. 2310	Add
		Miami Beach, FL 33141	Remove
MGRM	NOVO HORIZONS LTD.	10 Manoel Street, Castries	Add
		Saint Lucia	Remove
			Add
			Remove
<u>-</u>			Add
		A	Remove
		LAHASSEE)6- NY
		E, FLORIDA	Add To
		A	-

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•
•
Dated December 03 2012
Dated Describer 60
Signature of a member or authorized representative of a member
HUMBERTO J MAYORGA
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

FILED
13 JAN -9 PM 12: 47
SECRETARY OF STATE