

L13000007314

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(Address)

(City/State/Zip/Phone #)

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13 FEB 15 PM 2:41
CLERK OF COURT
JANUARY 15, 2013
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 18 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Financial Consulting, 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:

Randy Bleiweiss
Name of Person

Advanced Financial Consulting, LLC
Firm/Company

2500 Merchants Row Blvd Unit 68
Address

Tallahassee, FL, 32311
City/State and Zip Code

Randy.Bleiweiss@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Bleiweiss at (201) 364-3390
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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF COURT
JACKSONVILLE, FLORIDA

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

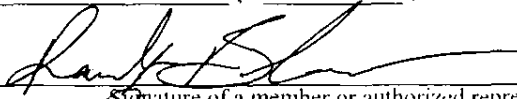
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

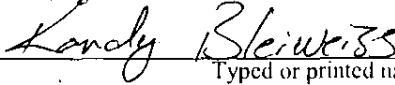
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Randy Bleiweiss	2500 Merchants Row	<input checked="" type="checkbox"/> Add
		Blvd Unit 68	<input type="checkbox"/> Remove
		Tallahassee, FL 32311	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 3 of 3

Filing Fee: \$25.00