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(Req	uestor's Name)	
(Addı	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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14 JUL 23 AM IO: 3 SECRETARY OF STATI ALI AHASSEE, FLORII

Men 7/24/14

COVER LETTER

TO: Registration Section Division of Corporations	*:
SUBJECT: Advanced Group, LLC Name of Limited Liability Company	
Table of Filmon Having Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pedro A. Lopez Name of Person	
Advanced Group, LLC Firm/Company	
2310 S Hwy 77 Ste 110 PMB	2228
Lynn Haven, FL 32444 City/State and Zip Code	
E-mail address: (a be used for future innual report notification)	
For further information concerning this matter, please call:	
Pedro Lopez Name of Person at (787)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Status Statu	of Status & py

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 ORGANIZATION OF

Advanged brow	P. LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on one inability Company)	our records.	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L\SOO\123851</u>	were filed on <u>F</u>	lorida	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
<u> </u>	0112		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		AIG	
(Principal office address MUST BE A STREET ADDRESS)		NIA	
		410	20 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off		NA NA NA NA records, enter	JUL 23 ANIO: 37 The new
registered agent and/or the new registered office address here	•		
Name of New Registered Agent:	101	7	
New Registered Office Address:	N Enter Florida st	Page address	
	N/A	, Florida	N/A
New Registered Agent's Signature, if changing Registered Agent:	City		хір ∪ош
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my o rovided for in Chap address, I hereby co	duties, and I am ter 605, F.S. Or Infirm that the li	familiar with and if this document is mited liability
if Chan	ging Registered Agent, §	Signature of New R	egistered Agent

Authorized Member being added or removed from our records: MGR = 'Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** MORM Maribel Lopez 2310 S Hwy: 77 Ste 1107MB 225 Add Lynn Haven, FL 32444 Me Remove ☐ Add ☐ Remove _□ Add ☐ Remove □ Add Remove □ Add ☐ Remove

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Effective The effecti	e date, if other than the date of filing: (optional)
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Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE