

217000 124671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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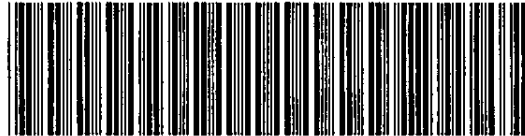
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 25 2016

J SHIVERS

2/44



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2016

GA-CLE LLC
8815 CONROY-WINDERMERE RD SUITE H
ORLANDO, FL 32835

SUBJECT: THE AD VAN LLC
Ref. Number: L13000124631

We have received your document for THE AD VAN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 016A00000689

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GA-CLE 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 Company were filed on 09/04/13 and assigned
Florida document number L13000124631.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~The Ad-Var LLC~~ AD VAN MARKETING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8815 Conroy-Windermere Rd.

Suite H

Orlando, FL. 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8815 Conroy-Windermere Rd.

Suite H

Orlando, FL. 32835

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ALBANY, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 605, 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

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 11, 2016

Signature of a member or authorized representative of a member

Robert Neale

Typed or printed name of signee