# L13 000140083

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# FILED

# **COVER LETTER**

### TO: Registration Section Division of Corporations

Advanced Communications Solutions 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:

David Roberts

Name of Person

Advanced Communications Solutions LLC

Firm/Company

11168 Creek Haven Dr

Address

Riverview FI 33569

City/State and Zip Code

dmroberts2005@gmail.com

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED OF

WEAPR 15 AN ILLOO Advanced Communications Solutions LLC (Name of the Limited Liability Company as it now appears of the Limited Liability Company as it now appears of the Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 4/8/2022 and assigned Florida document number 1.13000140083 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Advanced Communications Solution L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 11168 Creek Haven Dr Enter new principal offices address, if applicable: Riverview FL 33569 (Principal office address MUST BE A STREET ADDRESS) 11168 Creek Haven Dr Enter new mailing address, if applicable: Riverview FI 33569 (Mailing address MAY BE A POST OFFICE BOX) 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:	David Roberts		
New Registered Office Address:	11168 Creek Haven Dr		
The region of the real of	Enter Florida street address		
	Riverview	, Florida <sup>33569</sup>	
	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

If amonding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager

AMBR = A	Authorized	Member
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<u>Title</u>	Name	Address	<b>Type of Action</b>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• . • •

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.

April 8 Dated	. 2022	
L	Savid Roberts	
	Signature of a member or authorized representative of a memb	er
David Robet	S	
	Typed or printed name of signee	