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COVER LETTER

TO: Registration So Division of Cor	
Advance C	
ionarci.	Name of Limited Liability Company
	Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: Alan H. Lubitz Name of Person Law Office of Alan H. Lubitz, P. A. Firm/Company 470 NE 2nd Street, Suite 1950 Address Boca Raton, Fl. 33432 City/State and Zip Code lan@advancecapitalnow.com E-mail address: (to be used for future annual report notification) erning this matter, please call: at (
	Alan II. Lubitz
	Name of Person
	Law Office of Alan H. Lubitz, P. A.
	Firm/Company
	170 NE 2nd Street, Suite 1950
	Address
	Boca Raton, FL 33432
	City/State and Zip Code
	alan@advancecapitalnow.com Famail address (to be used for future annual report notification)
For further information o	concerning this matter, please call:
Alan II. Lubitz	
Name (of Person Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
■ \$25.00 Filing Fee	

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

Advance Capital LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Company were filed on 11/10/2014	and assigned
Florida document number 1.14000174167	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our rec ldress here:	ords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		Florida 🚰
	City	Zip Gode
New Registered Agent's Signature, if changing Register	red <u>Agent:</u>	98 V

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 amending 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Patricia A. Rathgeb	6971 North Federal Highway, Suite	B Add
		Suite 102, Boca Raton, FL 33487	☐ Remove
			Change
			🗆 Remove
			Change
			□ Remove
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fective date if other than	the date of filing:			(optional)	
fective date, if other than n effective date is listed, the date (te: If the date inserted in th	must be specific and cannot be	prior to date of filir	ng or more than 90 day y filing requiremen	ys after filing.) Pu ts, this date wil	irsuant to 605 I not be list
cument's effective date on the	ne Department of State's rec	ords.	,		
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record specifies a dela The 90th day after the	record is filed.	t not an effec	tive time, at 12	.:01 a.m. on	the earn
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Filing Fee: \$25.00