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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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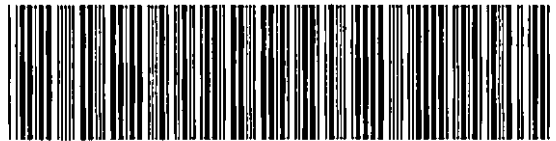
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
18 AUG 16 AM 8:04

N COOPER

AUG 22 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Screening Solutions, 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:

Nathan Holyfield
Name of Person

Advanced Screening Solutions
Firm/Company

4224 Thomas Wood LN
Address

Winter Haven, Florida 33880
City/State and Zip Code

advancedscreeningsolutionsllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathan Holyfield at (863) 412-8627
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Advanced Screening Solutions, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on March 10, 2018 and assigned
Florida document number L15000138145.

This amendment is submitted to amend the following:

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

N/A

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)

4224 Thomas Wood LN

Winter Haven, FL 33880

Enter new mailing address, if applicable:

(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:

NATHAN Holyfield

New Registered Office Address:

4224 Thomas Wood LN

Enter Florida street address

Winter Haven

City

Florida

33880

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.

Nathan Holyfield
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rebecca Dietly	111 Morning Glory Circle	<input type="checkbox"/> Add
		Winter Haven, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashley Holyfield	4224 Thomas Wood LN	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	Doug William Dietly	111 Morning Glory Circle	<input type="checkbox"/> Add
		Winter Haven, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Owner	NATHAN Holyfield	4224 Thomas Wood LN	<input checked="" type="checkbox"/> Add
		Winter Haven, FL 33880	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 8, 2018

Signature of a member or authorized representative of a member

NATHAN Holyfield
Typed or printed name of signee