<u>L15000114652</u>

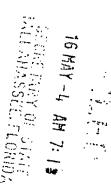
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MAY 05 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Advantage Client Services, 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:
Cornelius Rockwell
Name of Person
Firm/Company
4451 Charing Cross Rd.
Sarasota FL 34241 City/State and Zip Code Maxrockwell @ amail. (om
E-mail address: (to be used for future notal report notification)
For further information concerning this matter, please call:
Cornelius Rockwell at (941) 323-6446
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$30.00 Filing Fee & S60.00 Filing Fee, 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

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L15000164652</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	Jack Cradock	1369 Rhode Island Rd	
		Sarasota, FL 34240	I Remove
	_		Change
MAR	John P. Cradock	7125 Fruitville Rd.	BAdd
	,	Sarasota, FL 34240	Remove
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amending any other information, enter change(s) here: (Attach additional	sneets, if necessary.)	
Please change Principal and	d mailing	
address to?		
970 Lake Carillón Drive,		
Svite 300		
St. Petersburg, FL 33716	•	
37. Telesburg, FL 33.116		_
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	(7)	– :
fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more thate: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	han 90 days after filing.) Pursuant to 6	605.02 isted a
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the ear	rlier
10d May 2 2016.		
Signature of a member or authorized representative of a	member	
Cornelius Rockwell	memori	
I MICHARIA CONTRACTOR		

Page 3 of 3

Filing Fee: \$25.00