

LI6000017430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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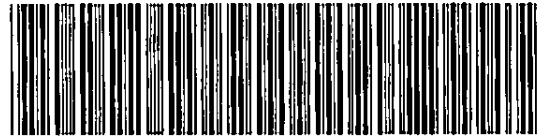
(Business Entity Name)

(Document Number)

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2017 SEP -1 PM 3:54
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SEP -5 2017

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SEP -5 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVANT-GARDE CONSULTING AND PROFESSIONAL
Name of Limited Liability Company SERVICES, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN R. HILSDON
Name of Person

AGCPS
Firm/Company

10948 N RIVER RANCH PATH
Address

CRYSTAL RIVER, FL 34428
City/State and Zip Code

AVANTGARDE CONSULTING SERV. LLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN HILSDON at (904) 610-3444
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

AVANT-GARDE CONSULTING AND PROFESSIONAL SERVICES,
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2017 SEP -1 PM 3:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JAN 25, 2016 and assigned
Florida document number 416000017430

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10948 N RIVER RANCH PATH
CRYSTAL RIVER, FL
34428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10948 N RIVER RANCH PATH
CRYSTAL RIVER, FL
34428

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:

10948 N. RIVER RANCH PATH
Enter Florida street address
CRYSTAL RIVER Florida 34428
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 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>
MGR	LISA L. HILSDON	2608 SHADOW RIDGE CT	<input type="checkbox"/> Add
		LYNN HAVEN, FL	<input checked="" type="checkbox"/> Remove
		32444	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2/1

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CLERK OF SUPERIOR COURT
JANUARY 1, 2017

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 28 AUGUST 2017

STEVEN R. HILSDON

Signature of a member or authorized representative of a member

STEVEN R. HILSDON

Typed or printed name of signee