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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Advanced Pace Name of Limited Liability Comp.	Technologies, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Taylor M	· Yarkosky
Advanced Fa	ace Technologies, LLC
700 Almon	d Street
Clemont, City/State and Zi	Florida 34711
Taylor @ choo	p Code DSEAPT, COM cannual report notification)
For further information concerning this matter, please call:	
Taylor M. Varkosky at 350 Area Co	2 593 - 5140 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Certificate of Status \$\Bigcup \$60 Certified C	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton 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 04.12.2016 and assigned Florida document number <u>L16</u> 0000 72545 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

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.

City

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

Type of Action Title Name **Address** CEO Michael Cullen 700 Almond St. Add ☐ Change CPA/ Corey Gaynes 700 Almond St. DAdd Controller Clermont F1 347111 Change 7 <u>-</u>□ Remove ☐ Change □:Àdd ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change

ffective date, if other than the date of filing: October 1, 2018 (a an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days ofte: If the date inserted in this block does not meet the applicable statutory filing requirements occument's effective date on the Department of State's records.	
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e record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m. on the earli
ated October 18 2018 Signature of a member Authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00