## 1/600135166

(Re	questor's Name)	
•	·	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(100	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corpo			
SUBJ	ECT:	Name of Limite	ed Liability Company	
		nendment and fee(s) are subm		
Please	e return all correspond	lence concerning this matter to	o the following:	
			Name of Person	
			Firm/Company	
			Address	
			City/State and Zip Coxle	
			to be used for future annual report notifica	ation)
For	urther information co	ncerning this matter, please or		
	Name of	Person	at () Area Code Daytime T	Telephone Number 00 20 20
4	osed is a check for the		<b>— 222</b> 00 1111 - 11 - 4	□ \$60.00 Filing Fee,
∯	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Solutions Legi	_1		<del></del>	
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) .ability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 11600135166	were filed on MOE 57, 201	<u>7</u> an	ıd assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviati	on "L.L.C	<del></del>
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)		<del></del> -	<u> </u>	
•			<del></del>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	·			
			<u> </u>	
B. If amending the registered agent and/or registered o	ffice address on our records,	enter the n	ame of	thernew
registered agent and/or the new registered office address her	<u>e</u> :	<u>デー</u>	<u>35</u>	Action to the second
Name of New Registered Agent:		<u> </u>	UI D	<u> </u>
New Registered Office Address:		1-00	්ට	
	registered office address on our records, enter the name of the new ce address here:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		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 = Mar AMBR = Aut	nager horized Member		Type of Action
Title	Name	Address	
NV D	Kletzkin Steve C. Mr.	MON, Federal Hwy.	Add
1/1/2/	NCICKITYTICITY	Ste 36, Boca Rotor FI 32431	Remove
			Change
			\ Add
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			Remove
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			Change
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If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)	
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		i.i.
	r 5	ν.
Effective date, if other than the date of filing:	ptional)	07 (3)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note:  If the date inserted in this block does not meet the applicable statutory filing requirements,	this date will not be listed a	is the
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at $12:0$ ). The 90th day after the record is filed.	)1 a.m. on the earlier o	of:
Dated 3/1/2018 2018		
111		
Signature of a member or authorized representative of a member	<u> </u>	
Adam T. Thaw-COO		

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Filing Fee: \$25.00