L17 0000 14809

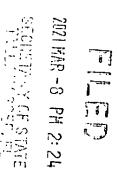
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section

Division of Co	porations	;		
	ADVANO	E ONE STOP LLC		
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	FR	ANCISCO J CHAVEZ		
	,	Name of Person		
	ADV	ANCE ONE STOP LLC		
		Firm/Company	 (-)[<u>+</u>]	202
		2731 INGOT PL		
		Address		S
		SARASOTA, FL 34235		-8 PH 2
	CONT	City/State and Zip Code ACT@SUN-TAXES.COM	S TA	PH 2: 21
		to be used for future annual report noti	fication)	24
For further information c	oncerning this matter, please ca	all:		
LUISA SI	ERRA	941 961-4376 ar()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is ea	atus &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Forporations 7	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ADVANCE ONE S	TOP LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears bility Company)	on our records.))	
The Articles of Organization for this Limited Liability Company we Florida document numberL17000014809	ere filed on	01/18/201	7	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company her	<u>e</u> :		
ADVANCED ONE STOP LLC				
he new name must be distinguishable and contain the words "Limited Liability	Company," the des	ignation "LLC" (or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	2731 INGO	г РЕ.	10	~>
Principal office address MUST BE A STREET ADDRESS)	SARASOT/	A, FL 34235	<u> </u>	021 13
_				
				o ₹33
Enter new mailing address, if applicable:			4	<u> </u>
Mailing address MAY BE A POST OFFICE BOX			3,53	
			.:≥	$\overline{\mathcal{D}}$
-		-		<u> </u>
3. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	dress on our rec	ords, <u>enter th</u>	ne name of	21
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	a street address		
		, Flor		
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		 	□Change
			Remove To Remove
			SOF
			□ Change
			□Add
			□Remove
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			C'han a

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Filing Fee: \$25.00