D

da Department of Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001854463)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADVOS LEGAL PLLC Account Number : I20150000090 Phone : (904)567-5311 Fax Number : (904)339-9504

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	support@advoslegal.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVOS PRO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help 6/22/805

(((H18000185446 3)))

(((H18000185446 3)))

COVER LETTER

	istration Sec sion of Corp				
~	ADVOS Pro	, LLC			
SUBJECT		Name of Limit	ted Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	o the following:		
		Whitney Harper			~
			Name of Person		
		ADVOS legal, PLLC			,
			Firm/Company		,
		5000 Sawgrass Village Cir	cle. Suite 7		. · ·
			Address		ر <u>ي</u>
		Ponte Vedra Beach, Fl. 320	082		
			City/State and Zip Code		
		support@advoslegal.com	o be used for future annual re	mort notification)	
	6			, vii 10:2:::::::::::::::::::::::::::::::::::	
For further is	потнавон с	oncerning this matter, please er		6311	
Whitney Ha				-5311 Duytime Telephone Number	
	Name o	f Person	Area Code	Disytime Telephone Number	
Enclosed is	a check for th	he following amount:			
■ \$25.00 l	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is each	Certificate Certified Certified C	of Status &
			orp ava	CAUDITE I DDBESS.	
	Registi Divisio	ING ADDRESS: ration Section on of Corporations	Registrati	COURIER ADDRESS: on Section of Corporations ofliding	

P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tullahassee, Fl. 32301

(((H18000185446 3)1)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

e as it now appears on ou ability Company)	records.)
vere filed on	and assigned
ity company here:	
y Company," the designati	on "LLC" or the abbreviation "L.L.C."
	_
	· · · · · · · · · · · · · · · · · · ·
	
fice address on our :	records, enter the name of the n
:	
: EnterFloridastre	w achtress
: EmerFloridastre	w achtress
: EnterFloridastre	
: EmerFloridastre City	w achtress
1	were filed on 06/07/20 lity company here: Ty Company," the designation

Page 1 of 3

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 18000 85/4628 ds:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	Name	Address	Type of Action
CEO	Gwen Griggs	5000 Sawgrass Village Circle	🖪 Add
		Suite 7	☐ Remove
		Pointe Vedro Beach, FL 32082	Change
CEO	Whitney Harper	5000 Sawgrass Village Circle	Add
	•	Suite 7	□ Remove
		Ponte Vedra Beach, FL 32082	Change
			Add
			□ Remove
			Change
			- □ Add ,
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change

<u></u>			<u> </u>	
				
				
				_
				 -
		<u></u>		_
				
				. _
			<u> </u>	
			(antional)	
fective date, if other than the in effective date is listed, the date into ote: If the date inserted in this b	date of filing: st be specific and cannot be prior	to date of filing or more tha	a 90 days after filing.) Pursuant to	605.020 - lieted n
ote: If the date inserted in this bountent's effective date on the D	sock does not meet the applic department of State's records	cable statutory iming requ	arements, this date will not be	, parça a
e record specifies a delaye	d effective date, but no	ot an effective time,	at 12:01 a.m. on the ea	arlier (
The 90th day after the rec	ord is filed.			
ated	2018			
ated		 ·		
M-ALL				_
	Signature of a member or aut	nonzed representative of a r	temper	

Page 3 of 3

Filing Fee: \$25.00