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(Red	questor's Name)	
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FILING CANCELLED RETURNED CHECK

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DEC 1 1 2MT J. HARRIS

COVER LETTER

TO: Registration Section

Division of Corporations

FILING CANCELLED RETURNED CHECK

ADVANC SUBJECT:	ED CONTACTING AND MO	RE LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	WILLIAM GRANBERG		
		Name of Person	W.
	ADVANCED CONTACT	ING AND MORE LLC	
		Firm√Company	
	2044 7TH CT SO		
		Address	
	LAKE WORTH FL 3346	1	
	- · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	dj327@bellsouth.net		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
WILLIAM GRANBER	G	561 662-8144 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 FILING CANCELLED ARTICLES OF ORGANIZATION RETURNED CHECK

ADVANCED CONTACTING AND MORE LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our record Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on	$\frac{2017}{\text{and assign}}$	gned
Florida document number <u>£17000240055</u>	-		_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ADVANCED CONTRACTING AND MORE LLC			
The new name must be distinguishable and contain the words. Limited Liabil	ity 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)		I ₁₀₀	
		. 0	¥ ,
	·		r ·
Enter new mailing address, if applicable:		dx	
(Mailing address MAY BE A POST OFFICE BOX)			
		•••	
		, ည	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name o	f the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	;	
	. Florida		
	Ciry	Zip Code	
Now Desistand Agent's Signature if showing Desistand Agent.			

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 Title Name **Address** Type of Action _ 🗆 Add FILING CANCELLED RETURNED CHECK ☐ Change □ Add ☐ Remove ■ Remove _□ Change _**D** Add^{i \} ☐ Change \square Add ____ □ Remove, _ Change _□ Aada □ Remove

	 	
FILING CANCELLED	·	
RETURNED CHECK		
		
		
		
		
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	 -	
E. Effective date, if other than the date of filing: (option	onal)	
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant t	o 605.0207 (3)(t e 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 (b) The 90th day after the record is filed.	ı.m. on the e	arlier of:
2017		
Dated 1/- 28 - 25 // BC 17	: `	F-0
102.00-1	- :	
Signature of a rhomber or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·	_ (
WILLIAM GRANBERG		7.) 2.
Typed or printed name of signee		
		ဟ ယ

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00