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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 : (407)898-1757 Phone : (407)897-5336 Fax Number

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

| Email | Address: | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCED CONSULTING GROUP LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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EXAMINER

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12:18 PM TO:18506176383 FROM:5612934213

COVER LETTER

| | gistration Se dsion of Cor | | | |
|---------------|-------------------------------|---|---|--|
| ovo men | | ED CONSULTING GROUP LI | LC | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please retun | n all correspo | ondence concerning this matter | to the following: | |
| | | GISELE SOUZA | | |
| | | | Name of Person | |
| | | ACCOUNT BOOKKEEPI | NG CORP | |
| | | | Firm/Company | |
| | | 5301 CONROY ROAD SU | JTTE 140 | |
| | | | Address | |
| | | ORLANDO FL 32811 | | |
| | | INFO@ABKCORP.COM | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) .: . |
| For further i | information o | concerning this matter, please co | ail: | |
| GISELE SC | DUZA | | 407 \$98-1757 at () | · · · · · · · · · · · · · · · · · · · |
| | Name o | of Person | Area Code Daytime | e Telephone Number |
| Enclosed is | a check for t | he following amount: | | 986 3MC |
| \$25.001 | 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) |
| | MAIL | ING ADDRESS: | STREET/COURI | ER ADDRESS: |

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 2018 HGY 28 AM 10: 10

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ADVANCED CONSULTING GRO | | uny as It now appears on ou Liability Company) | r records.) | | |
|--|---|---|---------------------------|-----------------|---------------|
| The Articles of Organization for this Limited Li. | | | | and assigned | Ċ |
| Florida document number L18000041140 | · | | | | |
| This amendment is submitted to amend the folio | owing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| | 1 07: 1- 17/ | r. C | in the City on the abbone | viation "L. C." | |
| The new name must be distinguishable and contain the wo | oras "Limited Libbi | | | 1800 15.15 C. | |
| Enter new principal offices address, if applica | ible: | 3167 PEQUOD PLAC | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | KISSIMMEE, FL 3474 | +0 | | |
| | | | | | |
| Enter new mailing address, if applicable: | | 3167 PEQUOD PLAC | E | | |
| (Mailing address MAY BE A POST OFFICE) | BOX) | KISSIMMEE, FL 34746 | | | |
| | | | <u> </u> | | |
| | | | 1 4 . 41 | | <u>ي</u> |
| B. If amending the registered agent and/or registered agent and/or the new registered of | or registered o fice addre <u>ss her</u> | ffice address on our e: | records, enter the | | |
| - Control of the cont | | - | | <u> </u> | E O |
| Name of New Registered Agent: | | | | | o ni |
| New Registered Office Address: | 3167 PEQUOD | PLACE | | Ç≙ ≢ | <u>.</u> [1 |
| New Registered Office Address. | | Enter Florida stre | et address | (C) (C) | 5 C |
| | KISSIMMEE | | , Florida <u>34746</u> | | - =1 |
| | | Ciry | | 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

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR≃ z | Anthorized Member | | |
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| (If an e Note | (optional fective date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ment's effective date on the Department of State's records. | g.) Pursuant to 605 | 5,0207 (3 ed as th |
| If the re (b) Th | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m e 90th day after the record is filed. | , on the earli | er of: |
| Date | November 8 2018 | | |
| | Signature of a member or a member | | |
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