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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone #	<del>**</del> *)
PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Advanced Select Penolitism, LLC.  Name of Limited Liability Company	
The e	aclosed Articles of Amendment and fee(s) are submitted for filling.	
Please	return all correspondence concerning this matter to the following:	
	Phillip MOSCATU TR. Name of Person	
	Advanced Select Denolition, LLC.	
	3860 SW St. Lucie Shores Dr.	
	Palm City, FL 34990 City/State and Zip Code	
	Advanced select demo @ yahoo. com E-mail address (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
F	Name of Person at (36) 374-2639  Area Code Daytime Telephone Number	
Enclo	sed is a check for the following amount:	
<b>)</b> \$2	\$5,00 Filing Fee & □ \$30,00 Filing Fee & □ \$55,00 Filing Fee & □ \$60,00 Filing Fee, Certificate of Status	tus &

#### 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

	O	₽ ON
ARTICLES OF C	DRGANIZATION	
O	F	<b>5</b> 77
Advanced Select Der  (Name of the Limited Liability Compa (A Florida Limited)  The Articles of Organization for this Limited Liability Company		29 PM 1: 115
The Articles of Organization for this Limited Liability Company	were filed on	_ and assigned
Florida document number <u>L18000 117706</u>		
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 Liabil	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3860 SW St. Lycie Palm City, Fg. 34	Shores Dr. 1990
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		····
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		e name of the new

Name of New Registered Agent:

New Registered Office Address:

Florida Street address

Florida 34990

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
A <u>MBR</u>	Phillip Muscaro In	Blm City, A. 34990	7 🖈 Add
		PAIM City, Pl. 31910	Remove
			☐ Change
MGR	Jill Pitkiewicz	3860 Sw St. Wice Store	Add Add
		Palm City FL 3499.	<b>⊘</b> □ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date inter: If the date inserted in this block does not meet the applicable so connent's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ated 6-13-18	
AS M	1

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Typed or printed name of signee

Filing Fee: \$25.00