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COVER LETTER

LLC

TO: Registration Section Division of Corporations						
SUBJECT: ADVANCED Consulting NETWORK Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Statement of Correction and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Brendan Kneitz Name of Person						
Advanced Consulting Network LLC Firm/Company						
3030 N Rocky Point Dr. #150a						
Tampa FL 33607 City/State and Zip Code						
advance consulting network ILQ mail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Brendan Kneitz au 504, 723-7114 Name of Person au 504, Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$\bigcup \$30 Filing Fee & \$\bigcup \$55 Filing Fee & \$\bigcup \$60 Filing Fee, \$\bigcup \$						

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPA

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18	JUL 17	,	,
, Ng. , .		714	2:12

	FLORIDA OR FOREIGN LIMITED	LIABILITY COMPANY JUL 17 PM 2				
Pursuant to	o section 605.0209, F.S., this document is being submitted to	correct a previously filed document! 2:12				
	he name of the limited liability company is: ADVA!					
		1 10 0001 (573)				
SECOND:	-					
THIRD:	Document to be corrected is: ARTICLES O	FORGANIZATION				
	(CHECK THE APPROPRIATE BOX AND COMPLI	TE THE APPLICABLE STATEMENT				
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
I	he bust name of the MC	R Brendan Kneitz is misspell				
0 ₁		on Suntiz, org. The last				
九	rame mismelled as "Knietz"					
ŌI	11V 2 1 N					
_	as defectively signed. The manner in which the document we follows:	as defectively signed and the appropriate correction are				
<u>OI</u>						
∐ Ть	he electronic transmission of the record was defective.	7/17/10				
£	Signature of Authorized Representative	/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
_	of new registered agent, if applicable :(NOTE: if correcting the designation).	the registered agent, the new registered agent must sign				
I hereby ac provisions o obligations	stered Agent's Signature, if changing Registered Agent: ccept the appointment as registered agent and agree to act in of all statutes relative to the proper and complete performans of my position as registered agent as provided for in Chapt hange in the registered office address, I hereby confirm that inge.	nce of my duties, and I am familiar with and accept the er 605, F.S. Or, if this document is being filed to merely				
	Registered Agent's Signature					
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				