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.

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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:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

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

| Address: | | |
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| | Address: | Address: |

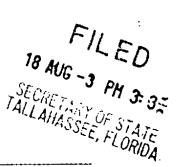
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADVANCED A PLUS SERVICE LLC

| Certificate of Status | 0 |
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Electronic Filing Menu Corporate Filing Menu

K. SALY AUG - 6 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Advanced A Plus Service LLC | ~100A. |
|--|---|
| (Name of the Limited Liabili (A Florida | ty Company as it now appears on our records.) Limited Liability Company) |
| The Articles of Organization for this Limited Liability C | Company were filed on 08/01/2018 and assigned |
| lorida document number L18000183808 | |
| his amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the lim</u> | ited liability company here: |
| he new name must be distinguishable and contain the words "Lin | tited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADD) | <u>(ESS)</u> |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office add | stered office address on our records, <u>enter the name of the ned</u> lress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City 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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|---|---------------------|-----------------|
| AMBR | Zane Kampnich | 20 Burning Bush Dr | 🗆 Add |
| | | Palm Coast FL 32137 | ☐ Remove |
| | | | □ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | SECULE TALLIAN |
| | | | AHASSEE, HORID |
| | | | OAT W |
| | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
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| Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E | st be specific and cannot be prior to date of filing ock does not meet the applicable statutory be | (optional) or more than 90 days after filing.) Pursuant to 605,0207 (3) filing requirements, this date will not be listed as the |
| the record specifies a delaye) The 90th day after the rec | d effective date, but not an effective cord is filed. | ve time, at 12:01 a.m. on the earlier of: |
| Dated August 3 | 2018 | |
| | Morgan Pollen | |
| | Signature of a member or authorized represent | ative of a member |
| | | |

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