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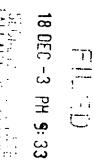
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

	tion Section of Corporations	
SUBJECT:	Advantage	financial Consulting 1
	Name of Limi	ted Liability Company
The enclosed Arti	cles of Amendment and fee(s) are subr	nitted for filing.
Please return all c	orrespondence concerning this matter t	to the following:
	Darren	Brown Jr.
	Advantage	Firm/Company
	550 O Kee	chobee ++ 401
	West Palm	Beach FL 33401. City/State and Zip Code - own. Chicago & mail.
	darren br	o be used for future annual report notification)
For further inform	nation concerning this matter, please ca	
Darren	Name of Person	at (708) 705-3214. Daytime Telephone Number
Enclosed is a che	ck for the following amount:	,
\$25.00 Filing	Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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 ARTICLES OF ORGANIZATION OF



ADVANTAGE FINANCIAL CONSULTING LLC!

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company of Florida document number <u>L18000270150</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation	"L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGh	Darren A Brown Ir	SSO Okechohect 401 Vilest Raim beach Fi 334	[☑ Add
			Remove
			Change
			Add
			Remove
			Change PH 9: 33
			Change
			
			☐ Remove
			Change
			Add
			Remove
			Change
	 _		Add
			☐ Remove
			Change

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Note:	tive date, if other than the date of filing:
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlied equations as $12:01~a.m.$ on the earlied equations as $12:01~a.m.$ on the earlied equations are the record is filed.
Dated	1/1:28-2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00