

L19000210318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

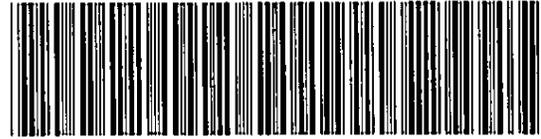
(Document Number)

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Tennessee

2021 JUN 29 PM 5:51

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REC-111

2021 JUN 19 11:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STATE
FL

June 15, 2021

DEMARIUS TERRANCE SNYDER
3400 W BOBE ST
PENSACOLA, FL 32505

SUBJECT: ADVANCELIFEVENTURE, LLC
Ref. Number: L19000210318

We have received your document for ADVANCELIFEVENTURE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 021A00013390

2021 JUN 29 PM 5:54
TALLAHASSEE, FL
F-11-570

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVANCELIFEVENTURE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Demarius T Snyder
Name of Person
ADVANCELIFEVENTURE, LLC
Firm/Company
3400 W Bobe St
Address
Pensacola, Florida 32505
City/State and Zip Code
dt.snyder81@yahoo.com
E-mail address: (to be used for future annual report notification)

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SERIALIZED
TALLAHASSEE, FL

For further information concerning this matter, please call:

Demarius T Snyder at (850) 4909174
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ADVANCELIFEVENTURE, 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 were filed on 08/19/2019 and assigned Florida document number L19000210318.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

3400 W Bobe St

Pensacola, Fl 32505

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3400 W Bobe St

Pensacola, Fl 32505

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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STATE OF FLORIDA
SECRETARY OF STATE

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 ampending 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Demarius T Snyder	3400 W Bobe St	<input type="checkbox"/> Add
		Pensacola, Fl 32505	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE
 FLORIDA
 PD

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary:)

Multiple horizontal lines for amending information.

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TALLAHASSEE

FC 1 677

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 13, 2021.

Demarius Snyder
Signature of a member or authorized representative of a member

Demarius T Snyder
Typed or printed name of signer