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9/20/24

COVER LETTER

TO:		stration Sec sion of Corp					
4317D FE74		Advanced S	ecurity & Communications, L	LC			
SUBJE	C1: <u>-</u>		Name of Limited Liability Company				
The enc	losed	Articles of A	Amendment and fee(s) are sub	emitted for filing.			
Please re	eturn :	all correspor	ndence concerning this matter	to the following:			
			John Lancaster				
				Name of Person			
			Clark, Campbell, Lancaste	er, Workman & Airth, P.A.			
			Firm/Company				
			500 South Florida Ave., St	uite 800			
				Address			
			Lakeland, FL 33801				
				City/State and Zip Code			
			jlancaster@clarkcampbell-l	law.com to be used for future annual report notification)			
Exe fired	hor in	formation co	ncerning this matter, please c				
			meering ans mader, prease o				
John La	ancast			863 647-5337 at ()			
		Name of	Person	Area Code Daytime Telephone Number			
Enclose	d is a	check for th	e following amount:				
■ \$2 5	i.00 Fi	ling 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, Certified Copy (additional copy is enclosed)	us &		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	-27		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	(A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L20829097852	Liability Comp	any were filed on April 6	5, 2020 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited	liability company here:	
J S HUNTER VENTURES, LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or agent and/or the new registered office addr		ice address on our reco	rds, enter the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:			
New Registered Office Address:	<u> </u>	Enter Florida	street address
			Florida Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Ag	ent:	
l hereby accept the appointment as register	ed agent and	agree to act in this cap	acity. I further agree to comply with
provisions of all statutes relative to the pro	per and comp	lete performance of my	duties, and I am familiar with and
accept the obligations of my position as reg			

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
			□Remove
			Change
			□Add
			¬Remove
			: Change
			Remove
			□Change
			□Remove
			□ Change
			□ Add
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Rective date, if other than the date of filing: 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 605.020 doze. If the date inserted in this block doze not meet the applicable statutory filing requirements, this date will not be listed as records 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 is filed. 3024 Signature of a member or authorized representative of a member		
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