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L250000004017

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-0983

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVANCE LIFE LLC

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December 27, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AVANCE LIFE LLC
2999 NE 191 STREET
403
AVENTURA, FL 33180US

SUBJECT: AVANCE LIFE LLC
REF: L20000224017

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Agnes Lunt
Regulatory Specialist III

FAX Aud. #: B22000430966
Letter Number: 322A00028842

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVANCE LIFE 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 07/28/2020 and assigned
Florida document number L20000224017.

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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

City

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	LATEULADE, MAXIMILIANO M	1549 NE 123RD ST	☐ Add
		NORTH MIAMI, FL 33161	☒ Remove
			☐ Change
AMBR	LATEULADE, MAXIMILIANO M	1549 NE 123RD ST	☐ Add
		NORTH MIAMI, FL 33161	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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