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(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Nar	me)
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Office Use Only



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

TALLAPABLECTE

Letter Number: 021A00007144

April 7, 2021

RODRIGO MOYA 2737 EAGLE GLEN CIRCLE KISSIMMEE, FL 34746

SUBJECT: ADVANCEMENT REAL ESTATE LLC

Ref. Number: L20000332738

We have received your document for ADVANCEMENT REAL ESTATE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Advancement	Real Estate Lic	
3000001.	Name of Limited Liability Company	
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Room	igo Moya- Name of Person	
Advar	ncement Real Esta	te CLC
273	7 eagle Glen Circle	.
Kis	Signmee Fl 347 City/State and Zip Code Deven Copit a Commanial address: (to be used for future annual report notification)	46
	veven Capital admoissmall address: (to be used for future annual report notif	i. COM
For further information concerning this n	natter, please call:	
Radriga Maya	at (<u>407</u>) <u>704 -</u> Area Code Daytimo	CZZ Telephone Number
Enclosed is a check for the following am	ount:	
☐ \$25.00 Filing Fee ☐ \$30,00 Fil Certifica	ling Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	ation.
Registration Section	Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			*** 1.FR 28 50		
Advancement	Real	estate	CLC"		11 5:45
(Name of the Lin	nited Liability C	ompany as it now nited Liability Com	appears on our rec	cords.)	- -

(A riolica i.	mined Empirity Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>62000337</u>	mpany were filed on $\frac{10/70/7020}{38}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ad Liability 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the new registered
	. Florida
	City Zip Code
	A

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>	Name	Address #21 APR 28 PH 5.1.5	Type of Action
MGB	Rodrigo Maya	Address 2821 APR 28 PH 5: 45 2020 ecgle glen Civ	_ DAdd
			□Remove
			_ □Change
MAR	Sara Blanchard	2737 eagle glen Cir	_ 🗹 Add
			_ □Remove
			_ □ Change
			_ □Add
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