L2300010224

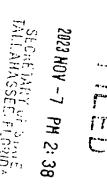
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

| ADVANCI | E MODULAR SYSTEM LLC | | | | | |
|---|---|--|---|--|--|--|
| <u>-</u> | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | ROLANDO ENRIQUE ROCA HERNANDEZ | | | | | |
| | Name of Person | | | | | |
| | ADVANCE MODULAR SYSTEM LLC | | | | | |
| | Firm/Company | | | | | |
| | 66 W Flagler Street, 9th Floor, Suite 900 | | | | | |
| | | Address | | | | |
| | MIAMI / FLORIDA, 3313 | 60 | | | | |
| | | City/State and Zip Code | | | | |
| | advance@int-wholesaler.co | | _ | | | |
| | E-mail address: (| to be used for future annual report not | ilication) | | | |
| For further information c | oncerning this matter, please ca | all: | | | | |
| ROLANDO ENRIQUE | ROCA HERNANDEZ | 786 2278184 | | | | |
| Name of Person | | at () Area Code Daytin | ne Telephone Number | | | |
| Enclosed is a check for the | ne following amount: | | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Addres | | Street Address: | | | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 15, 2023

ROLANDO ENRIQUE ROCA HERNANDEZ ADVANCE MODULAR SYSTEM LLC 66 W FLAGLER STREET, 9TH FLOOR, STE 900 MIAMI, FL 33130

SUBJECT: ADVANCE MODULAR SYSTEM LLC

Ref. Number: L23000010224

We have received your document for ADVANCE MODULAR SYSTEM LLC and your check(s) totaling \$75.00. 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 the corrected original and one copy of 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.

Letter Number: 323A00023895

Valerie Herring Regulatory Specialist III Internet Support

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ADVANCE MODULAR SYSTE | | | | | |
|--|---|--|-------------------|---------------------|---------------------------------------|
| (Name of the Lim | ted Liability Company a (A Florida Limited Liabi | s it now appears on our record hty Company) | <u>s.</u>) | | |
| The Articles of Organization for this Limited I Florida document number L23000010224 | | | | and ass | igned |
| This amendment is submitted to amend the fol | owing: | | | | |
| A. If amending name, enter the new name of | f the limited liability | company here: | | | |
| The new name must be distinguishable and contain the | words "Limited Liability C | ompany," the designation "LLC" | or the abbrevia | tion "L.I | C." |
| Enter new principal offices address, if applied | rable: | | | | |
| (Principal office address MUST BE A STREE | TADDRESS) | | | | |
| | _ | | | | |
| Enter new mailing address, if applicable: | _ | | SEC. | 2023 | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | 五 五 五 | AOA | · · · · · · · · · · · · · · · · · · · |
| | | | <u> </u> | -7 | P=a-, |
| B. If amending the registered agent and/or r | egistered office addr | ess on our records, enter t | he name of t | he new | registered |
| agent and/or the new registered office addre | ss here: | | RIDA RIDA | :: 38 | - 17. |
| Name of New Registered Agent: | ROLANDO ENRIQ | UE ROCA HERNANDEZ | | | |
| New Registered Office Address: | 66 W Flagler Street. | 9th Floor, Suite 900. | | | |
| Enter Florida street address | | | | | |
| • | Miami | Flor | rida <u>33130</u> | | |
| | (| ity | | 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.

Kolando Koc

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 |
|--------------|------------------------|-----------------------------|----------------|
| MGR | LUIS FELIPE LOPEZ | 66 W Flagler Street. | ≣Add |
| | | 9th FLOOR | |
| | | MIAMI, FL 33130 US | |
| AMBR | ROLANDO ROCA HERNANDEZ | 594 NE 207th ST | |
| | | NORTH MIAMI BEACH, FL 33179 | |
| | | | |
| | | | □ Add |
| | | | □ Remove |
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Change

Typed or printed name of signee