L23000331375

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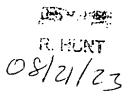
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COVER LETTER

TO: Registration Sec Division of Corp	orations	•		
SUBJECT:	ADVANCED Name of Lin	TRAFFIC MANAYC	EMENT LLC	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	<u> Riccoma</u>	Name of Person		
		Firm/Company		
	702	9 High Luns Cu	ock sic	
	LAKELIANI	7 FL 33813 City/State and Zip Code	3	2023
	AOVANC E-mail address: (City/State and Zip Code EDT Nofric FL & YA to be used for future annual report notif	these com	SION OF C
1	Henry M	all: at (<u>B13</u>) <u>897 -</u> Area Code Daytima	-1/67	2023 AUG 21 PM 12: 40
, and w	, et.o.	,	, , , , , , , , , , , , , , , , , , ,	
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:	:	Street Address:		

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

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

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000331375</u>	ere filed on $July /J_{/}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	7029 High Lunes CREEK AL LAKELUMO FL 33813
(Principal office address MUST BE A STREET ADDRESS)	LAKELUMO FL 33813
Enter new mailing address, if applicable:	2023 AU
	ART GO
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
N. Davidson J. A. D. Simon M. Simon D. Simon D. Simon M. Simon D. Simon M. Simon D. Simon M.	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete peraccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	rformance of my duties, and I am familiar with and vided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
OwnéR/	Riccard Hunter TR	1829 Highms Chick	ZAdd
MGR		LAKELIMO FL 33813	□Remove
			□Change
Swron/	Chimene Hutel	7029 Highlum CHEER Lukélum Pl 33813	E DAdd
MBR		Lukélems Fl 33813	□Remove
			Change
			□Add
			IVISION O
			DIVISION OF CORFORATION: 2023 BUG 2 Im PM 126 40 1
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reflective date is listed te: If the date insert	r than the date of f the date must be specified and in this block does to te on the Department	ic and cannot be prio not meet the appli	cable statutory fil	more than 90 days at ing requirements, t	tional) ler filing.) Pursuant to 605.02 his date will not be listed a
ecord specifies a dela s filed.	ed effective date, bu	t not an effective	time, at 12:01 a.m	i, on the earlier of:	(b) The 90th day after th
ed <u>8-</u>	16-20 2 3		·		

Filing Fee: \$25.00