## P14000017473

(Re	equestor's Name)	
(Ad	ldress)	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORA	ATION: ADVG INC	С		
DOCUMENT NUMBI	P140000174	473		
	f.Amendment and fee are sul			
Please return all corresp	ondence concerning this mat	tter to the following:		
(	GIORGIO PICI	NELLI		
3	SOBE PROPE	Name of Contact Person RTIES LLC		
Firm/ Company 1680 MICHIGAN AVE STE 910				
MIAMI BEACH,FL 33139				
		City/ State and Zip Code	2	
gpicinelli@gmail.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
GIORGIO P	ICINELLI	at 305	, 6724971	
Name of	Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently filed	
ADVG INC	CALL TILEY OF STATE
(Document Number of Co	
	49
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abreviation "P.4."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )
C. Enter your multing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Flonda
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. To	tered Agent: am familiar with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
$X  ext{ Add}$	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	GIORGIO PICINELL	1 1680 MICHIGAN AVE
Add			STE 910
Remove			MIAMI BEACH,FL 33139
2) Change			
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<del>-</del>	
Remove			

Attach additional sl	ling additional Arti heets, if necessary).	(Be specific)			
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<b>*</b>			•	0 4	L
<u>ran amenument t</u>	provides for an exc	<u>nange, rectassin</u> endment if not c	ontained in the s	mendment itself	mares,
(if not applica	ible, indicate N/A)	mannent ir not e	ontained market		•
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The date of each amendment(s) ac date this document was signed.	loption:	if other than th
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 05/08/20	014	
Signature	H. M.	
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	ARMANDO PINTUS	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_