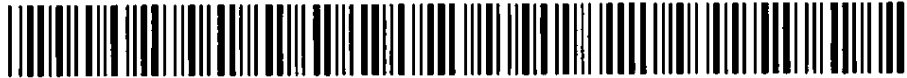


200000231973411

Florida Department of State  
Division of Corporations  
Electronics Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000023197 3))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2021 JAN 19 AM 10: 02

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ADVANTAGE BDC LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

21 JAN 19 AM 11: 11

21 JAN 19 AM 11: 11

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ADVANTAGE BDC 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 03/16/2020 and assigned Florida document number L20000083441.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:  
*(Principal office address MUST BE A STREET ADDRESS)*

100 Kings Fort Pkwy  
STE 105 PMB 324  
Kaufman, TX 75142

Enter new mailing address, if applicable:  
*(Mailing address MAY BE A POST OFFICE BOX)*

100 Kings Fort Pkwy  
STE 105 PMB 324  
Kaufman, TX 75142

**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* \_\_\_\_\_

MAR 19 11 11 AM '20

**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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Allan Layne II	100 Kings Fort Pkwy	<input checked="" type="checkbox"/> Add
		STE 105 PMB 324	<input type="checkbox"/> Remove
		Kaufman, TX US 75142	<input type="checkbox"/> Change
AMBR	Tammy Layne	100 Kings Fort Pkwy	<input checked="" type="checkbox"/> Add
		STE 105 PMB 324	<input type="checkbox"/> Remove
		Kaufman, TX US 75142	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 1/18, 2021

*Riley Park*

Signature of a member or authorized representative of a member

Riley Park

Typed or printed name of signee