

L13000059237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FBI

B. BOSTICK  
APR - 1 2014  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Life Way Medicine LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan Adriatico  
Name of Person

Life Way Medicine  
Firm/Company

11431 Wagon Rd Apt A  
Address

Orlando FL 32826  
City/State and Zip Code

Juan Adriatico@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Adriatico at (407) 730 1769  
Name of Person Area Code Daytime Telephone Number

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)

"Florida Dept of State"

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

(Check none)

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2011 JUN 11 10:53 AM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FEE #  
46-2792345

Fan Fantasy World 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 See Attached Doc and assigned  
Florida document number L13000089237 4-23-13

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Life Way Medical LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Juan Adriatico Jr

11431 Wagon Rd Apt A

ORlando FL 32826

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Juan

**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:

Juan Adriatico Jr.

New Registered Office Address:

11431 Wagon Rd

Enter Florida street address

ORlando

City

Florida

32826

Zip 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>CEO</u>	<u>Juan Adriatico</u>	<u>1143 S Wagon Rd Apt A</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando FL 32826</u>	<input type="checkbox"/> Remove
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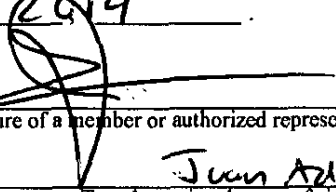
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

See original FFW  
Wang Fan Fantasy World LLC Changed  
To Life Way Medical LLC

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 25, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Juan Adriaens Jr.  
\_\_\_\_\_  
Typed or printed name of signee

2014 MAR 27 10 39 AM  
FILED