LD8000107230

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
JAN 1 5 2009				
EXAMINER				

Office Use Only



100140300751

01/14/09--01016--007 **25.00

09 JAN HU AM 8: 25
FALLARIASS OF FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: THE AD	VANCING WELLBI	EING, LLC ited Liability Company)	
	(rianie or Bin	ica Eigointy Company)	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	JOHN KUBINEC		
		(Name of Person)	
	PINNACLE COMPUTAT	<u> </u>	
		(Firm/Company)	
	2641 E. ATLANTIC BLV	D, STE 202	
		(Address)	
	POMPANO BEACH, FL	33062	
		(City/State and Zip Code)	
For further information co	ncerning this matter, please c	all:	
JOHN KUBINEC		at (954) 933-2893	
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	e 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ADVANCING WELLBEING, LLC (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000107230</u>	were filed on 11/18/2008 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	cility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2641 E. ATLANTIC BLVD	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 202	
	POMPANO BEACH, FL 33062	
Enter new mailing address, if applicable:	2641 E. ATLANTIC BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 202	
	POMPANO BEACH, FL 33062	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
	(City) , Florida (Zip Codg)	
New Registered Agent's Signature, if changing Registered Agents I hereby accept the appointment as registered agent and age the provisions of all statutes relative to the proper and comp	ree to act in this capacity. I further agree to comply with	

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>le </u>	<u>Name</u>	Address	Type of Actio
 -			Domestic
	·		_
			- Damesta
			 _
			= ~
If amending	any other information, enter chang	ge(s) here: (Attach additional sheets, if	necessary.)
			09 C
			Zino
ed JANUARY	<u>'9TH</u> , <u>2009</u>	· · · · · · · · · · · · · · · · · · ·	
ed JANUARY	1112	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00