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S. HAWKES
FEB 1 7 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Advance Health Care 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:	
DAVID SAhebzamani Name of Person	
Advance Health Care LLC	
8146 CANTERBUTY LAKES BIVD.	
TAMPA FL 33619 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DAVIO SAKEBZAMANI at (813) 433-6280  Name of Person Area Code & Daytime Telephone Number	-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fe} \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fe} \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fe} \text{Certified Copy (additional copy is enclosed)} \\ \	tatus &

**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

Advance Health Care L	LC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appo- liability Company	ears on our records. ')	
The Articles of Organization for this Limited Liability Company	were filed on _	05/04/09	and assigned
Florida document number			OFF
This amendment is submitted to amend the following:			and assigned FILED
A. If amending name, enter the new name of the limited liab	oility company h	<u>iere</u> :	17 H 21 H
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Con	npany," the designatio	n "LLC or the abbreviation
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street	address
		, Florida	
	City		Zin 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ERIC MCKINNON	2741 Buckhorn Preserve Blu Valanco FL 33596	Add Remove
			Remove
<del></del>			FILED Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	v.) 
	\		
Dated	Feb 10th 20	310	
	_	r or authorized representative of a member	<u></u>
	UAVID SAheba Typed	I or printed name of signee	<del></del>

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Filing Fee: \$25.00