L09000005672

(R	equestor's Name)	
(Á	ddress)	······
(A	ddress)	
(C	ity/State/Zip/Phone	¢#)
(B	usiness Entity Nan	1e)
	ocument Number)	
(U		
ertified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



10/05/09--01002--024 **25.00

SECRETARY OF:STATE IVISION OF CORPORATIONS 09 NOV -5 PM 12:09

T. HAMPTON

NOV - 6 2009



TO: Registration Section Division of Corporations

LC AUANDI SUBJECT: 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:

MERCEDES FLOREZ-WHITE					
Name of Person					
Avandis LAGORATORIES, LLC					
Firm/Company					
ONE NE 2nd Avenue					
Mari, FL 33132					
City/State and Zip Code dr. mflorez O myacandis . Com E-mail address: (to be used for future annual report notification)					

at (**305**

For further information concerning this matter, please call:

MERCEDES HOREZ-WHITE

Name of Person

Area Code & Daytime Telephone Number

205 5569

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)

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

Law Offices of White, White and Associates, P.A.

OSCAR A. WHITE

. .

THE WHITE BUILDING . SUITE 200 ONE NORTHEAST SECOND AVENUE

Miami, Florida 33132-2504

TELEPHONE (305) 358-1100 FACSIMILE (305) 358-2503 Jawhite@speakeasy.net

September 30, 2009

State of Florida Department of Corporations

RE: Avandis Laboratories LLC

Gentlemen:

Please amend our records to show MARTIN E. FLORGANI to be a member and assistant manager of the corporation. \$25.00 Fee Enclosed. Thank you.

Sincerely,

Dr. Merdedes Florez-White General Manager.

RECEIVED



09 NOV -5 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2009

DR MERCEDES FLOREZ-WHITE LAW OFFICES OF WHITE WHITE AND ASSOC 1 NE SECOND AVE - STE 200 MIAMI, FL 33132-2507

SUBJECT: AVANDIS LABORATORIES LLC Ref. Number: L09000065672

We have received your document for AVANDIS LABORATORIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 509A00032286

ARTICLES OF AMENDMENT TO	
ARTICLES OF ORGANIZATION	
OF	
AVANDIS LABORATORIES, LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{712}{12}$	109 and assigned
Florida document number 109000065672	<u>i</u> or <u>i</u> and assigned
Florida document number <u>L09000059</u> 72	
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
The new name must be distinguishable and end with the words "Limited Liability Company," the de	estimation "III C" or the abbreviation
	esignation LEC of the aboreviation
"L.L.C."	
"L.L.C." Enter new principal offices address, if applicable:	
"L.L.C." Enter new principal offices address, if applicable:	ب س <u>ت</u> س <u>ک</u> و
"L.L.C." Enter new principal offices address, if applicable:	
"L.L.C." Enter new principal offices address, if applicable:	ب س <u>ت</u> س <u>ک</u> و
"L.L.C." Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	ب س <u>ت</u> س <u>ک</u> و
"L.L.C." Enter new principal offices address, if applicable:	ب س <u>ت</u> س <u>ک</u> و
"L.L.C." Enter new principal offices address, if applicable:	ب س <u>ت</u> س <u>ک</u> و
"L.L.C." Enter new principal offices address, if applicable:	BIVISION OF CORPORATION 09 NOV -5 PH 12:09
 "L.L.C." 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) B. If amending the registered agent and/or registered office address on our recordination. 	BIVISION OF CORPORATION 09 NOV -5 PH 12:09
 "L.L.C." 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) B. If amending the registered agent and/or registered office address on our recordination. 	BIVISION OF CORPORATION 09 NOV -5 PH 12:09
 "L.L.C." 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) B. If amending the registered agent and/or registered office address on our recor registered agent and/or the new registered office address here: 	BIVISION OF CORPORATION 09 NOV -5 PH 12:09
	BIVISION OF CORPORATION 09 NOV -5 PH 12:09

_, Florida ____

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> 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	MARTIN FLOREANI	4180 Poinciana Avenue Miani 71, 33133	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendii	THE TITLE OF MER	(s) here: (Attach additional sheets, if necessary.) CEDES FLOLEZ - WHITE	_
	SHOULD BE MANA	GING MEMBER	
			DIVISION OF C
Dated NO		brezw_	Y OF STATE CORPORATION
_	5	or authorized representative of a member	NS
_	Туред о	or printed name of signee Page 2 of 2	

Filing Fee: \$25.00