

L09000099410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L09-99410

(Document Number)

Certified Copies _____ Certificates of Status _____

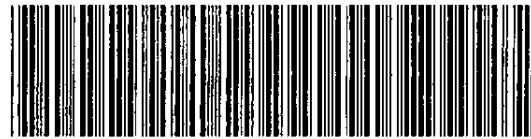
Special Instructions to Filing Officer:

A. LUNT

APR - 4 2010

EXAMINER

Office Use Only



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02/28/11--01005--025 **35.00

FILED
2011 APR - 1 PM 3:12
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2011

CYGETHIA KANKAM
1395 SOUTH STATE ROAD 7 SUITE 400
WELLINGTON, FL 33414

SUBJECT: ADVENT CENTER FOR LIFESTYLE CHANGE, LLC
Ref. Number: L09000099410

We have received your document for ADVENT CENTER FOR LIFESTYLE CHANGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

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

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 411A00005320



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2011

CYGETHIA KANKAM
1395 SOUTH STATE ROAD 7 SUITE 400
WELLINGTON, FL 33414

SUBJECT: ADVENT CENTER FOR LIFESTYLE CHANGE, LLC
Ref. Number: L09000099410

We have received your document for ADVENT CENTER FOR LIFESTYLE CHANGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 711A00007124

COVER LETTER

TO: . Registration Section
Division of Corporations

SUBJECT: Advent Center For Lifestyle Change, 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:

Cygethia Kankam

Name of Person

Medical Center For Lifestyle Change, PLLC

Firm/Company

1447 Medical Park Blvd. Ste 405

Address

Wellington, Florida 33414

City/State and Zip Code

adventfp@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cygethia Kankam

Name of Person

at (561)

792-7484

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)

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

FILED
2011 APR - 1 PM 3:12
TALLAHASSEE, FL 32301

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

Advent Center For Lifestyle Change, 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 10/14/2009 and assigned Florida document number L09000099410.

This amendment is submitted to amend the following:

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

Medical Center for Lifestyle Change, PLLC

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)

1447 Medical Park Blvd.

Suite 405

Wellington, Florida 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1447 Medical Park Blvd.

Suite 405

Wellington, Florida 33414

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

, Florida

City

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.

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>	<u>Address</u>	<u>Type of Action</u>
VP	Edward Kankam	1395 South State Road 7 Suite 400 Wellington, Florida 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 7, 2011

Signature of a member or authorized representative of a member



Cygethia Kankam

Typed or printed name of signee