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C. LEWIS

APR 2 0 2012

EXAMINER

## **COVER LETTER**

SUBJECT:	Advantage We	ellness Services, LLC				
	Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.				
Please return all corres	oondence concerning this matter	r to the following:				
		Catherine Lotow				
		Name of Person				
	Advantage Wellness Services, LLC					
	Firm/Company					
	5510 SW 41st Blvd. Suite 202					
	. Address					
	Gainesville, FL 32608					
	City/State and Zip Code					
	pa	ayroll.aws@gmail.com to be used for future annual report notifica				
			ation)			
For further information	concerning this matter, please of	call:				
Catherine Lotow		at ( /	14-7919			
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy			
		,	(additional copy is enclosed)			
(1) #40.00 1 mig 1 00	5	, , ,	(additional copy is enclosed)			

## ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

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Advantage Wellness Services, LLCALLARY OF STATE (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 Lia Florida document number L10000023		were filed on	03/02/2010	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>'e</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		5510 SW 41st Blvd. Suite 202			
(Principal office address MUST BE A STREET ADDRESS)		Gainesville, FL 32608			
Enter new mailing address, if applicable:		P.O. Box 141234			
(Mailing address MAY BE A POST OFFICE BOX)		Gainesville, FL 32614-1234			
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter tl</u>	ne name of the nev	
Name of New Registered Agent:	Catherine Lotow				
New Registered Office Address:	5510 SW 41st Blvd. Suite 202  Enter Florida street address				
		Sainesville	, Florida	32608	
		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

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MGR = Manager

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>:

MGRM = Managing Member Type of Action Title Name **Address MGRM** Richard David Stauffer 5510 SW 41st Blvd. ✓ Add Gainesville, FL 32608 Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change address for Managing members Catherine Lotow and Trina Bala to 5510 SW 41st Blvd. Suite 202 Gainesville, FL 32608 April 16 2012 Dated Signature of a member or authorized representative of a member Catherine Lotow Typed or printed name of signee

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Filing Fee: \$25.00