

**L10000023891**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

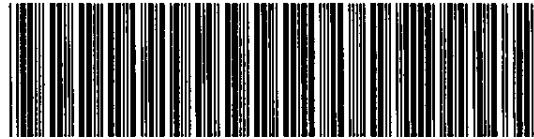
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 JAN -6 P 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S Warren**  
**JAN 09 2017**

**LAW OFFICE OF FRANK P. SAIER, P.A.**

1701 NW 80<sup>th</sup> Boulevard  
Suite 102  
Gainesville, Florida 32606  
Telephone: (352) 377-6111  
Fax: (352) 377-6118  
Email: [franksaierlaw@gmail.com](mailto:franksaierlaw@gmail.com)

January 3, 2017

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

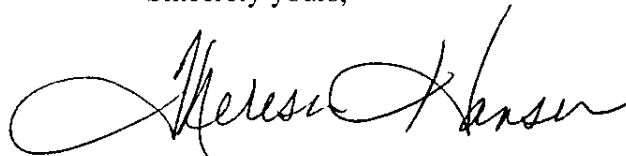
**RE: Advantage Wellness Services, LLC Articles of Amendment**

Dear Sir/Madam:

Enclosed please find the Articles of Amendment together with our firm check in the amount of \$25.00 representing payment of the filing fee. As such, we would appreciate your filing the enclosed Articles of Amendment and returning the filed document to us at your earliest convenience.

Thank you most cordially for your assistance in this regard. Should you have any questions, or need anything further, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Theresa Hansen", with a large, stylized loop at the beginning.

Theresa Hansen

/th  
Enclosures (as above-stated)

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

ADVANTAGE WELLNESS SERVICES, 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 03/02/2010 and assigned  
Florida document number L10000023891.

This amendment is submitted to amend the following:

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

MINNA BL, LLC

The new name must be distinguishable and contain 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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2010 MAR 15 P 2:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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 605, 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, Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Catharpis totani

CATHERINE LOTOW, MANAGING MEMBER

Page 3 of 3

**Filing Fee: \$25.00**

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JUN 5 P 2:53  
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