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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 1 2 2010

**EXAMINER** 

#### **COVER LETTER**

	gistration Section vision of Corporations				
SUBJECT:	Advance	Wellness Name of Limited Li	3	South f	Florida LCC
Dear Sir or !	Madam:				
The enclose	d Articles of Correction an	d fec(s) are submitted	for filing.		
Please return	n all correspondence conce	rning this matter to th	e following:		
ELLE	EN S.Amchi	oon		7	SECON T
Advar	nce Wellness Firm/Compa	. Centere	of South Flori	da	LEU SANSSEE.
<u>4337</u>	Rock TSIAA Address	d Road			PM 12: 55
Laud	City/State and Zi	333/9 Code			<b>P</b>
Sa C E-mail	ed • birthing address: (to be used for for	ure annual report not	ification)		
For further i	nformation concerning this	s matter, please call:			
FIIE	Name of Person	nat (	954) 439-( Area Code & Daytime Tele	D 422 phone Number	_
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flor	ction corations	
Enclosed is	a check for the following	amount:			
\$25 Filin	g Fee \$30 Filing Fo		ng Fee & S60 Filing Certificate Certified Co	of Status &	
CR2E062 (0	)8/05)				

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:	da LLC
SECO!	<b>J</b>	,
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	<u>ATEMENT</u>
γ	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:  LLC NAME Spelled incorrectly The LLC  Advanced Wellness Centre of Sour	-
	OR  Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signed and
		TS 5
		ECRE I
	2	ED 1 PN 12 SEE, FLG
Dated:	Hugust 6, 2010.	SED PRIOR
	Elen S. Olehin	<b>1</b>
	Signature of a member or authorized representative of a member	
	EHEN S. AMCHIN	
	Typed or printed name of signee	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

#### Electronic Articles of Organization For Florida Limited Liability Company

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#### **Article I**

The name of the Limited Liability Company is:

ADVANCE WELLNESS CENTERE OF SOUTH FLORIDA LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

4337 ROCK ISLAND RD LAUDERHILL, FL. 33319

The mailing address of the Limited Liability Company is:

4980 E SABAL PALM BLVD 232 TAMARAC, FL. 26 33319

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

### AUG II PM 12: CCRETAKY OF STAT LLAHASSEE, FLORI

#### **Article IV**

The name and Florida street address of the registered agent is:

ELLEN S AMCHIN 4980 E SABAL PALM BLVD 232 TAMARAC, FL. 33319

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ELLEN S AMCHIN

#### Article V

The name and address of managing members/managers are:

Title: MGRM ELLEN S AMCHIN 4980 E SABAL PALM BLVD 232 TAMARAC, FL. 33319

Title: MGRM JEAN E LERNER 8871 NW 10TH PLACE PLANTATION, FL. 33322

Signature of member or an authorized representative of a member Signature: ELLEN S AMCHIN

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