

LI 0000085039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

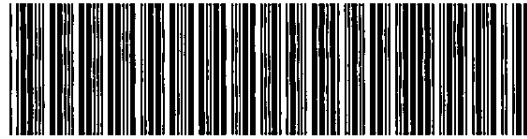
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FEB 21 2014

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SEC. OF STATE
TALLAHASSEE, FL 32399

2014 FEB 20 PM 2:31

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2014

COUNTESS TAMARA ANGELIQUE KURBATOV
5070 PGA BLVD SUITE 200
PALM BEACH GARDENS, FL 33418

SUBJECT: ENLIGHTENING BOOKS & WELLNESS SERVICES LLC
Ref. Number: L10000085039

We have received your document for ENLIGHTENING BOOKS & WELLNESS SERVICES 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):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : ADVANCED HEALTH CENTERS, INC., document number P07000130094.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 114A00003103

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENLIGHTENING BOOKS & WELLNESS SERVICES 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:

COUNTESS TAMARA ANGELIQUE KURBATOV, BA

Name of Person

Firm/Company

5070 PGA BLVD SUITE 200

Address

PALM BEACH GARDENS FL 33418

City/State and Zip Code

ENLIGHTENING SERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

COUNTESS TAMARA ANGELIQUE KURBATOV, BA at 561 596-7581
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

ENLIGHTENING BOOKS & 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 08/13/2010 and assigned
Florida document number L10000085039

This amendment is submitted to amend the following:

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

Advanced Health Services, LLC

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)

5070 PGA Blvd. Suite 200

Palm Beach Gardens, Florida 33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5070 PGA Blvd. Suite 200

Palm Beach Gardens, Florida 33418

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:

COUNTESS TAMARA ANGELIQUE KURBATOV, BA

New Registered Office Address:

5070 PGA Blvd. Suite 200

Enter Florida street address

Palm Beach Gardens

, Florida 33418

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.

Punbel
If Changing Registered Agent: Signature of New Registered Agent

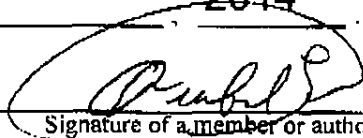
MGR = Manager
AMBR = Authorized Member

Page 2 of 3

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated February 21 2014



Signature of a member or authorized representative of a member

COUNTESS TAMARA ANGELIQUE KURBATOV, BA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK JANE V. JOHNSON
COUNTY CLERK
COUNTY OF ALBANY

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