

L11 0000009873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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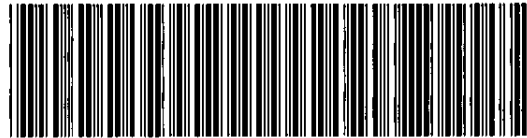
(Business Entity Name)

(Document Number)

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T. CLINE  
DEC 12 2011  
EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC -9 AM 10:58

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AvantCare Labs, 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:

**Carol J. Brawley**

Name of Person

**AvantCare Labs, LLC**

Firm/Company

**215 Phipps Plaza #1**

Address

**Palm Beach, FL 33480**

City/State and Zip Code

**Avantcareinc@gmail.com**

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

For further information concerning this matter, please call:

**Carol Brawley**

Name of Person

at ( 850 )

**499-5105**

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

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2011 DEC -9 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

AvantCare Labs, 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 01-24-11 and assigned  
Florida document number L11000009873.

This amendment is submitted to amend the following:

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

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)**

215 Phipps Plaza

Ste 1

Palm Beach, FL 33480

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

**(Mailing address MAY BE A POST OFFICE BOX)**

215 Phipps Plaza

Ste 1

Palm Beach, FL 33480

**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:

Carol J. Brawley

New Registered Office Address:

215 Phipps Plaza #1

*Enter Florida street address*

Palm Beach

, Florida

33480

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>
MGRM	Carol J. Brawley	215 Phipps Plaza #1 Palm Beach, FL 33480	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGM	Rogers W Kirven Jr	7450 Dr. Phillips Blvd. Orlando, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Frank Westby-Gibson	215 Phipps Plaza #1 Palm Beach, FL 33480	<input checked="" 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

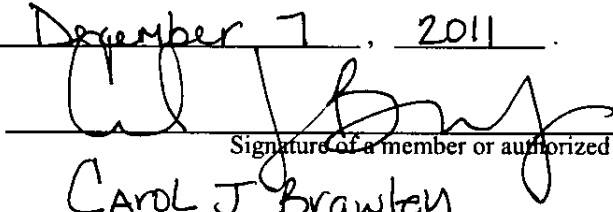
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2011 DEC -9 AM 10:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

Dated December 7, 2011



Signature of a member or authorized representative of a member

Carol J Brawley

Typed or printed name of signee