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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me) .
(Document Number)		
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G. MCLEOD

OCT 23 2012

EXAMINER



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SECRETARY OF STATE
MALLAHASSEE, FI OPINA

COVER LETTER

B.

TO:	Registration So Division of Con	ection rporations *	·	
ֻ SUBJE	ect.	First Coast	Advantage, LLC	
SUDJE			ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Andrei Boyarshinov Name of Person	
		SI	hands Legal Services	
			Firm/Company	
		720 SV	V 2nd Avenue, Suite 360A Address	
		G	ainesville, FL 32601 City/State and Zip Code	· .
		F-mail address: (1	yara@shands.ufl.edu to be used for future annual report notific	ation)
For fur	rther information	concerning this matter, please c		
		ei Boyarshinov	at ()	33-0030
	Name	of Person	Area Code & Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:		
\$25	5.00 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)
	Regist Divisi P.O. E	LING ADDRESS: cration Section on of Corporations Box 6327 cassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	rst Coast Advantage, LLC		
(Name of the Limite)	d Liability Company as it now appear A Florida Limited Liability Company)	<u>rs on our records.</u>)	
The Articles of Organization for this Limited I	Liability Company were filed on	05/02/2012	and assigned
Florida document number L1200006	0039		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>re</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		D
(Principal office address MUST BE A STRE	ET ADDRESS)		Z OC
			ASSI
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		- 100 - 100 - 100	SE 4 C
			Çm E
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:	Andrei Boyarshinov		
New Registered Office Address:	720 SW 2ND AVE. Suite 3		
		iter Florida street ada	lress
	GAINESVILLE	, Florida	32601
	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

MGR = Manager

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:

<u> Fitle</u>	<u>Name</u>		Address	Type of Action
				Add Remove
				Add Remove
		······································		Add Remove
				Add Remove
				Add Remove
		<u>. </u>		Add Remove
D. If a	mending any o	ther information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
	Member	First Coast Advantage 720 SW 2nd Avenue, S	Central, LLC 50% Suite 360A, Gainesville, FL 32601	_
				
	Member	First Coast Advantage	East, LLC 50%	_
		655 W. 8th Street, Jac	ksonville, FL 32209	_
Dated _	October 12 , 2012 .			
		Stude	cei Boyarshisu	
		Signature of a membe	or or authorized representative of a member ndrei Boyarshinov	
			or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00