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T. CLINE
AUG 3 1 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: OP5.'3 + Avante Laun Care - Man tence CC  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:
Plane Chevalier
Pinn/Company
70366 AUEW 88 8
Address
TBR odenton FZ 34207  City/State and Zip Code  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (94) 527 - 5602  Area Code & Daytime Telephone Number
Name of Ferson Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0025.5 , Au	ante f	raun	Care ,		antruc	ncE
(Name of the Limited L (A F	iability Compa Iorida Limited	i <mark>ny as it now a</mark> Liability Comp	ppears on our re any)	ecords.)		
The Articles of Organization for this Limited Lial Florida document number 41 2000			1 <u>6)</u> 5	1 12012	and assigned	
This amendment is submitted to amend the follow	ving:		,			
A. If amending name, <u>enter the new name of t</u>	he limited lial	oility compan	v here:	NE SE	28 12	
The new name must be distinguishable and end with "L.L.C."	the words "Lim	ited Liability (	Company," the de	signation "El	C" or the abbrevi	ation
Enter new principal offices address, if applical	ole:			, in		<u>ì</u>
(Principal office address MUST BE A STREET	ADDRESS)	70	3 66	かる	UE W	<u>.</u>
		13 R	c drute	7 5 6	<u>~_34</u>	207
Enter new mailing address, if applicable:		70	3 667	tri Ac	E W	
(Mailing address MAY BE A POST OFFICE B	ox)		30 ada	nton,	PC 30	<u>1</u> 20
			<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered offi			on our record	ls, <u>enter th</u>	e name of the	<u>new</u>
Name of New Registered Agent:			caller			· <u>·</u>
New Registered Office Address:	703	66th	AURU			_
·	<u> </u>	,	Enter Florida	street addro	ess	
	Brad	anton	·, I	Florida	342c7	<u>&gt;</u>
		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 = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MOR	A Value Chevolar	BROSSINTON SPC	Add Remove
MAR	Alan Shields	13 Robanton , PC 31/207	
			Add Remove
<del></del>			Add Remove
			And Rémove
			Add Remove
		(s) here: (Attach additional sheets, if necessary.,  nt ef ewsesh.p  t cit 12:01 Am ex	
Dated			
	Man J.	or authorized epresentative of a member	

Page 2 of 2

Filing Fee: \$25.00