

L1400018408

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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OCT 24 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zhaomd 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:

Jian Zhao  
Name of Person  
Zhaomd LLC  
Firm/Company  
16700 Lake Pickett Rd  
Address  
Orlando, FL 32820  
City/State and Zip Code  
Zhaomd@aol.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Jian Zhao at (407) 230-4654  
Name of Person 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

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

Zhaomd, 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 October 18, 2017 and assigned Florida document number L 1400018408.

This amendment is submitted to amend the following:

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

Health Advantages International, LLC

The new name must be distinguishable and contain 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)

NA

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

(Mailing address MAY BE A POST OFFICE BOX)

NA

**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:

NA

New Registered Office Address:

Enter Florida street address

City

Florida

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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
SEC	Hui, Jun	1405/200 Newport Dr.	<input checked="" type="checkbox"/> Add
		Port Moody B.C.	<input type="checkbox"/> Remove
		Canada, V3H 5B7	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 21 OCT 2014  
 10:55 AM  
 PORT MOODY, B.C.  
 10012

ALL INFORMATION CONTAINED  
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DATE 01-24-2001 BY 60322

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 18, 2017

Signature of a member or authorized representative of a member *MGR*

Tian Zhao  
Typed or printed name of signee