

L15000043162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

10/31/16--01035--010 **25.00

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT
NOV 9 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED MEDICA 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:

GARY TARNOWSKI

Name of Person

ADVANCED MEDICA LLC

Firm/Company

10435 midtown PARKWAY #362

Address

JACKSONVILLE, FL 32246

City/State and Zip Code

TARNOWSKI@GMAIL.COM

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

For further information concerning this matter, please call:

GARY TARNOWSKI

Name of Person

at (850) 401-0123

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)

PAID

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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

DS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ADVANCED MEDICA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

1
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The Articles of Organization for this Limited Liability Company were filed on MARCH 10, 2015 and assigned
Florida document number CL5000043162

This amendment is submitted to amend the following:

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

MY 123 MORTGAGE 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)

10435 MIDTOWN PARKWAY
UNIT 362
JACKSONVILLE, FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10435 MIDTOWN PARKWAY
UNIT 362
JACKSONVILLE, FL 32246

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:

GARY TARNOWSKI

New Registered Office Address:

10435 MIDTOWN PARKWAY #362

Enter Florida street address

JACKSONVILLE, Florida 32246

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.

Gary Tarnowski
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

Title	Name	Address	Type of Action
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AMBR GARY W. TARNOWSKI 10435 Midtown Plaza Add

UNIT 362 Remove

JACKSVILLE, FL 32246 Change

AMBR ROBERT L WERNER 10435 midtown pkwy #362 (Add)

~~Jacksonville, FL 32246~~ Remove

Change

Amber DANIEL P. TARNOWSKI 10435 motor town pky #22 (add)

Jacksonville, FL 32246 Remove

Change

AMBR PETER FRITAKOS 2900 N. MILITARY TRL Add

SUITE 243

Boca Raton, FL 33496 Change

Add

Remove

Change

FILED
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Remove
Change
4:46 PM
FBI - TAMPA
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
TALLAHASSEE, FLORIDA

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

Remove EIN #47-3660105

ADD EIN # 47-3465194

E. Effective date, if other than the date of filing: 11-07-2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 07, 2016

Gary W. Tarnowski
Signature of a member or authorized representative of a member

GARY W. TARNOWSKI
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED