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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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 GROUP @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GARY TARNOWSKI at (850) 401-0123
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
PAID
- ☐ \$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)

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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

ADVANCED MEDICA LLC

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SECRETARY OF STATE
2004

MY 123 MORTGAGE LLL

10435 MIDTOWN PARKWAY
UNIT 362
JACKSONVILLE, FL 32246

10435 MIDTOWN PARKWAY
UNIT 362
JACKSONVILLE, FL 32246

GARY TARNOWSKI

10435 MIDTOWN PARKWAY #362

Enter Florida street address

Jacksonville, Florida 32246
City Zip Code

Gary Farnowski
 angling Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	GARY W. TARNOWSKI	10435 MIDTOWN PKWY UNIT 362 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ROBERT L WERNER	10435 MIDTOWN PKWY #362 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	DANIEL P. TARNOWSKI	10435 MIDTOWN PKWY #362 JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	PETER PETAKOS	2900 N. MILITARY TRL SUITE 243 BOCA RATON, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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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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TALLAHASSEE, FLORIDA