(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			
	ge Health Consultants, LLC		
SUBJECT:	Name of Limi	Name of Limited Liability Company The sent and fee(s) are submitted for filing. The sent and fee(s) are submitted for	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Everett Wilson		
		Name of Person	
	Advantage Health Consulti	ng, LLC	
		Firm/Company	
	One S.E. 3rd Avenue, 25th	Floor	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	1 1 1 1 1
	everett.wilson@akerman.co		
		·	cation)
For further information co	oncerning this matter, please ca	ıll:	
Everett Wilson			
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

Advantage Health Consultants, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appe bility Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number L15000083986	ere filed on _	May 12, 2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company l	nere:	
Advantage Health Consulting, LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:		on our records, <u>enter</u>	the name of the ne
New Registered Office Address:			F. 20
New Registered Office Address.	Enter F	orida street address , Florida	70 S
· · · · · · · · · · · · · · · · · · ·	City	, FIOFICIA	S, Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance (ovided for in	of my duties, and I am Chapter 605, F.S. Or	gree to co mp ly with the familiar with and , if this do l ument is

' 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>	Address	Type of Action	
			□ Add	
			_ Remove	
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the D	ist be specific and cannot be polock does not meet the app	rior to date of filing of dicable statutory fi	more than 90 days after	cional) er filing.) Pursuant to is date will not be	listed a
e record specifies a delaye The 90th day after the rec	d effective date, but cord is filed.	not an effective	e tim å , at 12:01	a.m. on the ea	201 FE JUN -
ated May 29	, 2015	·	L -	esee fu	· 圣 8:
				∵ ∵	-15

Page 3 of 3

Filing Fee: \$25.00