

h22000281665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

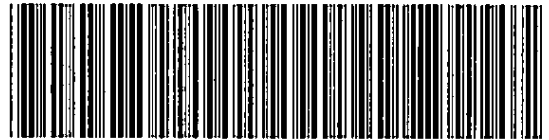
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVANTAGE MEDICAL SOLUTIONS 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:

SOPHIA LYLE-COLEMAN

Name of Person

ADVANTAGE MEDICAL SOLUTIONS LLC

Firm/Company

3301 N UNIVERSITY DRIVE, SUITE 100

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

sophialc@comcast.net

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

For further information concerning this matter, please call:

SOPHIA LYLE-COLEMAN

954 336-7593
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 210

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2022 JUN 27 PM 12:35

TALLAHASSEE FLA

If Changing Registered Agent, Signature of New Registered Agent

2022 JUN 27 PM 12:35
STELLA HÄSSETT

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ST. LOUIS, MO
ST. LOUIS, MO

(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)

Typed or printed name of signee