

W5000003673

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

LOS - 3673

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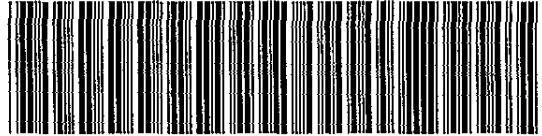
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Py enterprise, 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:

Dr. Blas G. Comilo
(Name of Person)

Blas G. Comilo, AP
(Firm/Company)

P.O. Box ~~00000~~ 450 804
(Address)

Sennise, FL 33345
(City/State and Zip Code)

For further information concerning this matter, please call:

BLAS G. Comilo at (954) 934-0880
(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

Py enterprises LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on _____ and assigned
document number 205000003673

SECOND: This amendment is submitted to amend the following:

Name: Blas G. Comilo, A.P., LLC

Purpose: Acupuncture Physician

Dated 4/10/06

Signature of a member or authorized representative of a member

BLAS G. Comilo

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE

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