

LD70000000893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

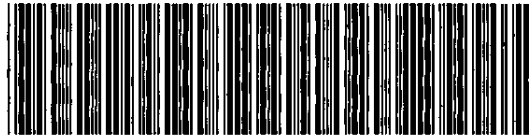
(Document Number)

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2007 JUL 26 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BEST QUICK TAX RETURNS, INC.**  
**320 S BUMBY AVE STE 10**  
**ORLANDO, FL 32803**  
**PH: 407-896-7921**  
**FAX: 407-895-8139**

## **TRASMITTAL LETTER**

THIS LETTER IS TO BE ACOMPANIED BY **\$35.00** FOR A STAMPED COPY OF THE ARTICLES  
TO BE MAILED TO:

**BEST QUICK TAX RETURNS, INC.**  
**320 S BUMBY AVE STE 10**  
**ORLANDO, FL 32803**

THANK YOU

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New Horizons Wellness Center, 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:

Livan Pampillo  
(Name of Person)  
Best Quick Tax Returns  
(Firm/Company)  
320 S Bumby Ave Ste 10  
(Address)  
Orlando, FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Livan Pampillo at (407) 896-7921  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2007

BEST QUICK TAX RETURNS, INC.  
320 S. BUMBY AVENUE, STE. 10  
ORLANDO, FL 32803

SUBJECT: NEW HORIZONS WELLNESS CENTERS, LLC  
Ref. Number: L07000000893

We have received your document for NEW HORIZONS WELLNESS CENTERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 207A00044880

**Articles of Amendment  
To  
Articles of Organization  
Of  
NEW HORIZONS WELLNESS CENTER, LLC  
L07000000893**

**FIRST:** The Articles of Organization were filed on January 03, 2007.

**SECOND:** This amendment is submitted to amend the following:

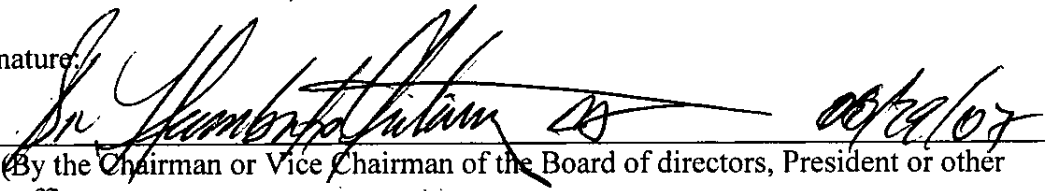
**ARTICLE IV**

Managing members or Manager's name(s) and address is/are:

Title: MGR  
**HUMBERTO GUTIERREZ**  
**31 KASEY DR**  
**ORLANDO, FL 32807**

**FILED**  
2007 JUL 26 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 22nd of JUNE, 2007.

Signature: 

(By the Chairman or Vice Chairman of the Board of directors, President or other officer

OR

(By a director if adopted by directors)

**HUMBERTO GUTIERREZ**

\_\_\_\_\_  
Typed or printed name

**MGR**

\_\_\_\_\_  
Title

**FILED**

2007 JUL 26 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA