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EXAMINER



100188247131

12/03/10--01020--021 **60.00

COVER LETTER

TO:, Registration of Division of	on Section f C o rporations					
SUBJECT:	Health Line One LLC					
SUBJECT.	Name of Limited L					
The enclosed Article	es of Amendment and fee(s) are submitte	ed for filing.				
Please return all cor	respondence concerning this matter to th	e following:				
	Giuse	Giuseppe D'Alessandro Name of Person				
	Heal	Health Line One LLC				
		Firm/Company				
	6555 N. Pov	6555 N. Powerline Road Suite 414 Address				
		Ft Lauderdale FL 33309				
•		y/State and Zip Code ed@lanzo.org used for future annual report noti				
For further informati	E-mail address: (to be union concerning this matter, please call:	ised for future annual report noti	fication)			
Giu	seppe D'Alessandro	at (_800_)	606-1671			
Na	ame of Person	Area Code & Daytin	ne Telephone Number			
Enclosed is a check t	for the following amount:					
\$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Re Div P.C	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Line One LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)	_	
The Articles of Organization for this Limited Liability Co	mpany were filed on	3/18/2010	and assigned	
Florida document number L10000030255	_•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			
			<u> </u>	
•				
Enter new mailing address, if applicable:			AS PART	
(Mailing address MAY BE A POST OFFICE BOX)			mi-<	
			<u> </u>	
			25 55 T	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		our records, enter	the name of the new	
togate ea agent and of the new registered office address				
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street ada	lress	
		, Florida		
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Title <u>Name</u> **Address** Type of Action MGRM Health Relief Group of Ame 6555 N Powerline Road ☐ Add Suite 414 ✓ Remove Ft Lauderdale FL 33309 Affordable Insurers of Ame MGRM 6555 N Powerline Road ☐ Add ✓ Remove Suite 414 Ft Lauderdale FL 33309 MGRM Basso, Melissa 6555 N. Powerline Road Suite 414 Et Lauderdale FL 33309 MGRM Parker, Davalin 6555 N. Powerline Road ∏Add Suite 414 Remove Ft Lauderdale FL 33309 MGRM D'Alessandro, Giuseppe 6555 N. Powerline Road √ Add Suite 414 Remove Et Lauderdale FL 33309 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 22 2010 Dated Signature of a member or juthorized representative of a member

> Giuseppe D'Alessandro Typed or printed name of signee

> > Page 2 of 2 Filing Fee: \$25.00