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B. KOHR

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EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		v	· .
SUBJE	ECT:	Health	Line One LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	Z.0
Please	return all correspo	ondence concerning this matte	r to the following:	1 JAN 2 M 8. 4
Giuse		Siuseppe D'Alessandro	~	
			Name of Person	1
			Health Line One LLC Firm/Company	
		6555 N	I. Powerline Road Suite 414	
			Address Ft Lauderdale FL	
		-	City/State and Zip Code	
		F-mail address:	joed@lanzo.org to be used for future annual report notifica	tion)
For fur	ther information c	concerning this matter, please		,
		pe D'Alessandro	at (800) 6	06-1671 Celephone Number
Enclos	ed is a check for t	he following amount:		
\$25	5.00 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Health Line One LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/18/201	文文
The Articles of Organization for this Limited Liability Company were filed on3/18/201 Florida document numberL10000030255	and an igned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designa "L.L.C."	ation "LLC" or the abbreviation
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 office address on our records, enceintered agent and/or the new registered office address here:	enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida stre	eet address
, Flori	ida 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 Type of Action Address Name Davalin Parker MGR 6555 N. Powerline Road √ Add Suite 414 Remove Ft Lauderdale FL 33309 Melissa Baso MGR 6555 N. Powerline Road ✓ Add Suite 414 Remove Ft Lauderdale FL 33309 ☐ Add Remove ∏ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 12 2011 Dated

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Giuseppe D'Alessandro

Typed or printed name of signee