1200020863

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EXAMINER



300236028133

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COVER LETTER

	Registration Section Division of Corpora				
SUBJEC	CT:	The Health	Federation, LLC	4. ·	
			ted Liability Company		
The encl	osed Articles of Ame	endment and fee(s) are sub	mitted for filing.		
Please re	turn all corresponder	nce concerning this matter	to the following:	TR JUH 1 PH 4: 02	
			Mark Baker		
Name of Person					
	The Health Federation, LLC Firm/Company				
	2 411				
	Address				
	Orlando, FL 32835				
	City/State and Zip Code				
	_	Jenn	ni.Baker@Quarter5.com o be used for future annual report	1	
For furth	er information conce	erning this matter, please c	•	notification)	
	Jenr	i Baker	at (321)	293-0650	
	Name of Per	son	Area Code & D	aytime Telephone Number	
Enclosed	is a check for the fo	llowing amount:			
\$25.0	00 Filing Fee]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$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

	The Health Fed	deration, LLC	•	
(<u>N</u> 8	nme of the Limited Liability Compar (A Florida Limited L	y as it now appear	s on our records.)	***
	(00000000000000000000000000000000000000	.wom.y company)		16 🛣
The Articles of Organization	for this Limited Liability Company	were filed on	02/13/2012	and assigned 🕮
Florida document number	L12000020863			
				70
This amendment is submitted	to amend the following:			*
A If amending name enter	the new name of the limited liab	ility company bor	•••	and assigned
A. It amending hame, circu	the new hame of the minied habi	inty company ner	<u>c</u> .	• 120
The new name must be distingu	ishable and end with the words "Limi	ted Liability Compa	ny," the designation "I	LC" or the abbreviation
"L.L.C."				
Enter new principal offices	address, if applicable:			
(Principal office address ML	<u> (ST BE A STREET ADDRESS)</u>			
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
	tered agent and/or registered of		our records, <u>enter t</u>	he name of the new
registered agent and/or the	new registered office address here	<u>e</u> :		
N CN D '				
Name of New Regis	stered Agent:			
New Registered Off	fice Address:			
		En	ter Florida street add	ress
			, 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 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

<u>Title</u>	Name	Address	Type of Action
MGR	James Sheridan	5 Wesley Mews Eaversham Kent ME 138-EA, UK	Add Remove
MGR_	Lifetime Enterprises, Inc.	2295 S Hiawassee Road Suite 411 Orlando, FL 32835	✓ Add ☐ Remove
			Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
Dated	May 18 , _ 2	2012	
	Signature of a memb	per or authorized representative of a member	
		Mark Baker	·
	Туре	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00