

**LO2000000 1843**

Requester's Name  
141 S. Main Street #121  
Address  
Belle Glade, Fl. 33430  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #) 100004899321--5  
-02/11/02--01048--005  
\*\*\*\*\*85.00 \*\*\*\*\*25.00
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED  
02 FEB 11 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

LO2-1843  
JR

Examiner's Initials

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CONTINUUM HEALTH SYSTEMS , LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The date of filing of the articles of organization was 1/25/02

**SECOND:** The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

**Article I (ONE):** The street and mailing address of the principal LLC is:

141 South Main Street # 121, Belle Glade, Fl. 33430

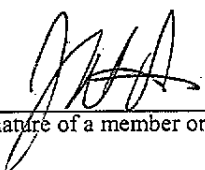
**Article V (FIVE):** The name and address of members/managers are:

Diane Hernandez 141 S.Main St. #121,Belle Glade,Fl.33430

Jesus E. Garcia 141 S. Main St. #121,Belle Glade,Fl.33430

We , Lynn Prado and Graciela Pulicicchio , hereby resign as Managers of Continuum Health Systems,LLC, a company organized under the State of Florida and affirm that the company has been notified in writing of the resignation.

Dated February 2nd , 2002

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lynn Prado

\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB 11 PM 2:53

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Filing Fee: \$25.00