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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ancient Healing Systems, L.C. (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:
Julie A. Gaines (Name of Person)
Ancient Healing Secrets, L.L.C.
P.O. Box 51544 (Address)
Jacksonville Beach, Fr 32240 (City/State and Zip Code)
For further information concerning this matter, please call:
Julie A. Gaines at 904 242-9191 2 VSS (Area Code & Daytime Telephone Number) 2 SSS (Area Code & Daytime Telephone Number) 3 SSS (Area Code & Daytime Telephone Number) 4 SSS (Area Code & Daytime Telepho
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \\ (additional copy is enc

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ancient Healing Systems, L.C.	
(Present Name) ((A Florida Limited Liability Company)	
FIRST: The Articles of Organization were filed on 7 13 2004 and assigned document number <u>L0200005065</u> .	
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the liability company:	
New name of business: Ancient Healing Secrets, 228 6th Avenue South	
Tacksonville Beach, FL 322	2-50
New Quinership Interest:	67
Managing Partner: Dlie A. Gaines, 55+267-75-5414,	50% owner
New Ownership Interest: Managing Partner: The A-Gaines, 55#267-75-5414, Managing Partner: Michelle A. Bornmiller, 55#261-89	5,9535, 50% owner
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Dated $August 26$, 2004 .	
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- Gel Janes 5	
Signature of a member or authorized representative of a member	
Julie A. Gaines	<i>\$</i> → =
Typed or printed name of signee	

Filing Fee: \$25.00