## L04000034172

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



000054662890

05/19/05--01037--009 \*\*25.00

OS MAY 19 PH 12: 16
SECRESSION STATE

## TRANSMITTAL LETTER

TO: Registration Se Division of Cor						
SUBJECT: Go To He		mited Liability Company)		···		
	Amendment and fee(s) are su	_				
<u>+</u>	Karen Lockwood	Name of Person)				
Acces	s Healthcare, LLC			<del></del>		
	(	Firm/Company)		SE	05	
5350 Sprir	ng Hill Drive			LAH.	MAY	
		(Address)		ASSEE, FI	19	
Spr	ing Hill, Florida 34606			TI,	P	
<del></del>	(City.	(State and Zip Code)		ORE	05 MAY 19 PH 12: 16	
For further information of	concerning this matter, please	eall:		<b>D</b> ***	•	
Karen Lockwo	od	at ( 352 ) 688-17	733			
	(Name of Person)	(Area Code & Daytin	ne Telephone Nu	ımber)	_	
Enclosed is a check for the	following amount:					
<b>2</b> \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 F</li> <li>Certificate of Certified Conditional</li> </ul>	of Status & opy		J
STRE	ET ADDRESS:	MAILING ADD	RESS:			

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>-</u>	O TO Health, LLC (Present Name)	
	(A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on May 4, 2004 and assigned document number L04000034172 and assigned	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limite liability company:	d
	COMPANY NAME CHANGE TO: GREEN BEAN ORGANIC MART, LLC	
	OS SEI TALL	
	LAR M	
	ASS.	=
	SECKLIJĀKI L. STATE ALLAHASSEE, FLORIDA	ļ
	트	<u> </u>
	FLORIDA	
Dated May	<b>**</b>	
Dated		
	falul >	
	Signature of a member or authorized representative of a member	
	Pariksith Singh  Typed or printed name of signee	

Filing Fee: \$25.00