

LD4000065497

(Requestor's Name)

(Address) ✓

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

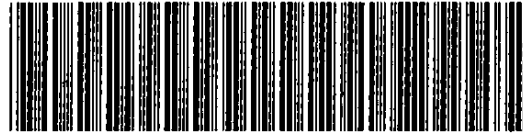
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Proactive Health Concepts, LLC
(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:

Flint D. Mitchell

(Name of Person)

Proactive Health Concepts, LLC

(Firm/Company)

3550 Washington Street, # 610B

(Address)

Hollywood, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Flint D. Mitchell

(Name of Person)

at (786) 371-1665

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 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)

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**

Proactive Health Concepts, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 9/2/2004 and assigned
document number L04000065497.

SECOND: This amendment is submitted to amend the following:

I would like to change the name and address of the above-mentioned (Proactive Health Concepts, LLC)
to Proactive Concepts, LLC, as the name Proactive Concepts, INC. is currently STATUS INACTIVE . With
or without this name change, I would like to change the Manager/Member address from: 9348 SW 222 Way,
Miami, FL 33190 to: 3550 Washington Street., # 610B, Hollywood, FL 33021. Please feel free to contact me by
phone at (786) 371-1665 if you have any questions or concerns. Thank you for your assistance with this matter!

Dated June 20, 2007.

Flint D. Mitchell

Signature of a member or authorized representative of a member

Flint D. Mitchell

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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