L04000065497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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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 at (786) 371-1665
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [x] $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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