

**104000092934**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**LIVINGWELL LADY OF OKEECHOBEE, LLC**

Certificate of Status	0
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**D. BRUCE**

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LIVINGWELL LADY OF OKEECHOBEE, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L04000082934.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FITSOURCE OF OKEECHOBEE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation  
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with  
the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
company has been notified in writing of this change.*

(If Changing Registered Agent, Signature of New Registered Agent)

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If amending the Managers or Managing Members on our records, enter the title, name and address of each Manager or Managing Member being added or removed from our records:

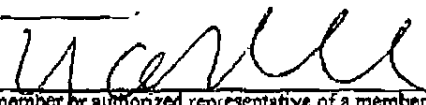
MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Fitzsora Management & Consulting Inc	15310 SW 8 Way Miami, FL 33194	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Yamin Meneses	15310 SW 8 Way Miami, FL 33194	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ECG management LLC	8761 SW 110 St Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cynthia Honso	8701 SW 110 St Miami, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Yamin Meneses  
Typed or printed name of signer

Page 2 of 2

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