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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A HEALING PERSPECTIVE, LLC (Name of Limited Liability Company)	<del></del>		
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
BENITA A BALINGIT (Name of Person)			
A HEALING DERSPECTIVE, LLC (Firm/Company)	_		
P.O. BOX 24329 (Address)	TAL	05	
	CRET	NO.	***
LAKELAND, FL 33802-4329 (City/State and Zip Code)	ARY C	ထ	
For further information concerning this matter, please call:	F STATE	PM 2: 21	
BENITA A BALINGIT at (863) 370-9040 (Area Code & Daytime Telephone Nu	umber)	<b>-</b>	
Enclosed is a check for the following amount:			
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Scrifficate of Status (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status & opy		

### 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 A HEĀLING PERSPEĒTIVE, LLC P.O. BŌX 24329 LAKELAND, FL 33802-4329

REGISTRATION SECTION DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE, FL 32314

June 6, 2005

Please make the appropriate physical and mailing address changes from the enclosed documents.

Thank you,

Benita A Balingit

MA 35455

05 JUN -8 PM 2:24
SECRETARY OF STATE
TALLAHASSEF FI OBITA

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A HEALING PERSPECTIVE, LLC	
(Present Name) (A Florida Limited Liability Company)	-
FIRST: The Articles of Organization were filed on DECEMBER 23, 2004 and assigned document number 40,00093103	
SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limit liability company:	iited
A) Street Address of LLC	
zip code change: 33801	
B) Mailing Address of LLC  P.D. Box 24329  23202-4329	
LAKELAND, FL 33802-4329	
Dated June 4 2005	2
Signature of a member or authorized representative of a member	
BENITA A BALINGIT Typed or printed name of signee	
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Filing Fee: \$25.00