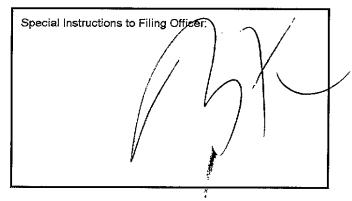
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134 City/State/Zip

(305) 444-4994

Phone #



OFFICE USE ONLY

C	ORPORATION NAME(S) & DOCU	MENT NUMBER(S) (if known):
1.	Omnisalud Interpretation Name)	errational L.L.C. 105000089
2.	(Corporation Name)	(Document #)
3.	(Corporation Name)	(Document #)
4.	(Corporation Name)	(Document #)
	Walk in Pick up time	Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
i		
	NEW FILINGS	AMENDMENTS THE PROPERTY OF THE
	Profit	Amendment
	NonProfit	Resignation of R.A., Officer/Director
	Limited Liability	Change of Registered Agent

Change of Registered Agent

Dissolution/Withdrawal

OTHER FILNGS	
	Annual Report
	Fictitious Name
	Name Reservation

Domestication

Other

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

Merger

Examiner's Initials

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

OMNISALUD INTERNATIONAL L.L.

(Present Name)
(A Florida Limited Liability Company)

SWS PAIN

The date of filing of the articles of organization was 01-04-05SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company: ARTICLE III ROXANA G. OVANDO 2851 N.W. 132nd TERRACE (DELETE) OPA-LOCKA FLORIDA 33054 CESAR OVANDO 2851 N.W. 132nd TERRACE (ADDITION) OPA-LOCKA FLORIDA 33054 ARTICLE IV ROXANA G. OVANDO 2851 N.W. 132nd TERRACE (DELETE) OPA-LOCKA FLORIDA 33054 CESAR OVANDO (ADDITION) 2851 N.W. 132nd TERRACE OPA-LOCKA FLORIDA 33054

01 - 212005 Dated anthorized representative of a member COSETT DE MENDEZ Typed or printed name of signee

Filing Fee: \$25.00

CESAR OVANDO

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

01-21-05

Date