

LOS000045344

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(Business Entity Name)

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TALLASSEE, FLORIDA

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LOS-45344  
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 9, 2005

BRIA DIDSZUN  
4570 VAN NUYS BLVD., #186  
SHERMAN, CA 91403

SUBJECT: TOTAL HEALTH, LLC  
Ref. Number: L05000045344

We have received your document for TOTAL HEALTH, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days; your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 905A00066859

SECRETARY OF STATE  
TAMMI CLINE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 7, 2005

BRIA DIDSZUN  
4570 VAN NUYS BLVD., #186  
SHERMAN OAKS, CA 91403

SUBJECT: TOTAL HEALTH, LLC  
Ref. Number: L05000045344

We have received your document for TOTAL HEALTH, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 905A00061123

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Total Health, LLC

**DOCUMENT NUMBER:** L05000045344

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bria Didszun  
(Name of Contact Person)

Szun Enterprises, LLC  
(Firm/ Company)

4570 Van Nuys Blvd., #186  
(Address)

Sherman Oaks, CA 91403  
(City/ State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Bria Didszun at ( 818 ) 802-5703  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2006

BRIAN COLETTI  
5432 SPRING HILL DRIVE  
SPRING HILL, FL 34606

SUBJECT: TOTAL HEALTH, LLC  
Ref. Number: L05000045344

We have received your document for TOTAL HEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 106A00000725

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Total Health, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on May 6, 2005 and assigned document number L05000045344.

**SECOND:** This amendment is submitted to amend the following:

Article I, the name of the LLC is changed to Coletti Bros., LLC.

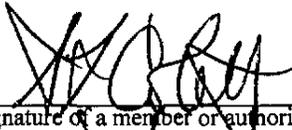
Article II, the street and mailing address of the principle place of business of the LLC is changed to 5432 Spring Hill Drive, Spring Hill, FL 34606.

Article IV, the name and street address of the registered agent is Brian Coletti, 5432 Spring Hill Dr, Spring Hill, FL 34606.

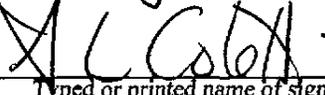
Article V, the name and address of the managing members are:  
MGRM Scott Coletti, 5432 Spring Hill Dr, Spring Hill, FL 34606  
MGRM Daniel Coletti, 5432 Spring Hill Dr, Spring Hill, FL 34606.

see attached

Dated November 22, 2005.

  
Signature of a member or authorized representative of a member

Scott Coletti

  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00



# BAYWEST

01.10.06

Subject: Coletti Bros., LLC FKS Total Health, LLC  
RE: L05000045344

To whom it may concern,

I hereby am familiar with and accept the duties and responsibilities as registered agent for Coletti Bros., LLC FKA Total Health, LLC.

Brian Coletti

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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