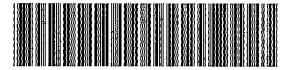
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DIVISION OF CLAYOFATION

## **COVER LETTER**

Division of Corporations					
SUBJECT: DEBORAH S. ADAMS, 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:					
Deborah S. Adams					
(Name of Person)					
Deborah S. Adams, LLC (current-to be changed below)					
(Firm/Company)					
2838 Willow Bay Terrace					
(Address)					
Casselberry, FL 32707					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Deborah S. Adams at (407 ) 696-6636					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\subseteq\$ \$\ \text{Certified Copy} \text{(additional copy is enclosed)} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}}					

MAILING ADDRESS:

TO:

Registration Section

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

D	EBORAH S. ADAMS, LLC		
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on May 6, 2005 and assig document number L05000047770	ned	**
SECOND:	This amendment is submitted to amend the following:		
	Please change the LLC name from Deborah S. Adams, L	LC to	
	Journey Into Healing, LLC.		
			a Santa Article
	If any additional information is required, please conta	ct me.	_
			<u>-</u> `
	Thank You.		-
			DIVISION O
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			- <b>3</b>
		<del></del>	ATION
Dated Ja	nuary 9 , 2006		
	Debore A Adens		
	Signature of a member or authorized representative of a member		
	Deborah S. Adams  Typed or printed name of signee	·	· 977
	1) her of himse mane of signee		

Filing Fee: \$25.00