

05000069314

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(City/State/Zip/Phone #)

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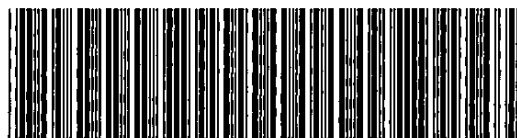
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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J. BRYAN AUG 14 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chrysalids, 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:

Lesly Jean Philippe, MD-MS

(Name of Person)

Chrysalids, LLC

(Firm/Company)

1400 NW 122 ST

(Address)

North Miami, Florida 33167-2805

(City/State and Zip Code)

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For further information concerning this matter, please call:

Lesly Jean Philippe, MD-MS

(Name of Person)

at ( 305 ) 370-2159

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
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**

Chrysalids, LLC

(Present Name)  
(A Florida Limited Liability Company)

FILED STATE  
SECRETARY OF CORPORATIONS  
06 AUG 11 PM 3:57

**FIRST:** The Articles of Organization were filed on 07/08/2005 and assigned document number L05000069314.

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

Article IV- Capital Requirements

The Company shall begin business with at least \$100.00 in paid-in capital and shall maintain such minimum capital as required by the State of Florida.

Article VI- Management Authority

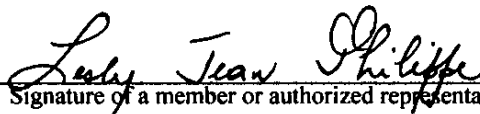
The name and address of the managing member is as follows:

Lesly Jean Philippe, MD-MS .....MGRM and Founder

1400 NW 122 ST

North Miami, Florida 33167-2805

Dated August 07, 2006.



Signature of a member or authorized representative of a member

Lesly Jean Philippe

Typed or printed name of signee

**Filing Fee: \$25.00**