L06000016475

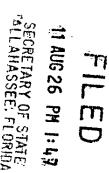
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300211279953

08/26/11--01007--024 **25.00



J. BRYAN

AUG 2 9 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: OMENTAL THERAPY CENTER LL 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: V CIN Name of Person COLENTAL HUMANY CENTRUL COLENTAL HUMANY CENTRUL HUMANY CENTRUL COLENTAL HUMANY CENTRUL HUMANY CENTRUL COLENTAL HUMANY CENTRUL HUMANY CENTR
Firm/Company 8+4 STIRUNG RD Address COOPULATY FL 39328 City/State and Zip Code OUTH HERAPY CENTERS E-mail address: (to be used for future annual report notification) PANOO. COM
For further information concerning this matter, please call: V
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Solonon}\$

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

	City	Zip Code
		, Florida
		Enter Florida street address
New Registered Office Address:		
Name of New Registered Agent:	<u> </u>	
egistered agent and/or the new registered office address	here:	
3. If amending the registered agent and/or registered		on our records, enter the name of th
		SA F
Mailing address MAY BE A POST OFFICE BOX)		E P
Inter new mailing address, if applicable:		ASS T
		AHE A
Principal office address MUST BE A STREET ADDRESS	2	Em =
Inter new principal offices address, if applicable:		
L.L.C."	Similed Elability Col	inputty, the designation BBC of the doore
he new name must be distinguishable and end with the words "I	imited Liability Co.	many "the designation "LLC" or the abbre
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :
This amendment is submitted to amend the following:		
Florida document number <u>LO 60000 16 475</u>		•
The Articles of Organization for this Limited Liability Comp	any were filed on _	and assigne
(11101144211111	ed Liability Compan	02/15/06 and assigne
(A Florida Limit		

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Name Type of Action** Address YAN HUI C SINGER MOR HAMPTON Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated august, 22 nd 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00