

# L06000027739

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

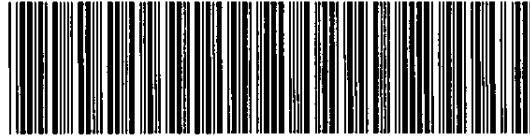
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 12 2015  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**DHARMAGAIA HEALTH CARE, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**MARIA C MANZANARES**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**1800 S OCEAN DR APT 2909**

\_\_\_\_\_  
Address

**HALLANDALE BEACH FL 33009**

\_\_\_\_\_  
City/State and Zip Code

**dharmayiyama@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARIA C MANZANARES**

**424 2622672**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 AUG 11 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 29, 2015

MARIA C MANZANARES  
1800 S OCEAN DR  
APT 2909  
HALLANDALE BEACH, FL 33009

SUBJECT: DHARMA GAIA HEALTHCARE, LLC  
Ref. Number: L06000027739

We have received your document for DHARMA GAIA HEALTHCARE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 115A00015862

**TU  
OR  
OF**

**DHARMA GAIA HEALTH CARE, LLC**

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCT 22 2013 and assigned  
Florida document number L06000027739.

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

**A. If amending name, enter the new name of the limited liability company here:**

DHARMAGAIA TOTAL HEALTH LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1800 S OCEAN DR APT 2909

HALLANDALE BEACH, FL

33009

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

**New Registered Office Address:**

Enter Florida street address

**, Florida**

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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 15 AUG 11 9:33 PM  
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 TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.