

Division of Corporations

L060000068246

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

JUN 12 2012

L. SELLERS

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

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Audit Fax #
H120001547743

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

L06000068246

(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 07/07/2006 and assigned
Florida document number L06000068246

This amendment is submitted to amend the following:

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

QUANTUM HEALTH & HEALING, L.L.C.

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

Enter new principal office 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)

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

City

Florida

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 608, 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

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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

Title	Name	Address	Type of Action
MS	Forrest A. Samnik, LCSW	1499 19TH ST PALM HARBOR FL 34683	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Forrest A. Samnik, LCSW	1499 19TH ST PALM HARBOR FL 34683	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6/10, 2012

Forrest A. Samnik, LCSW

Signature of a member or authorized representative of a member

FORREST A. SAMNIK, LCSW

Typed or printed name of signee

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