

L060000096877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

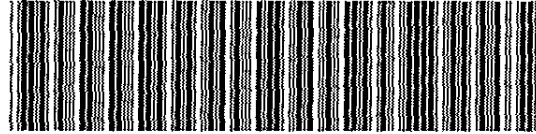
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only



800081941208

12/07/06--01001--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC -6 P 1:55

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Eagles Health & Wellness Center, 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:

Dr. H. Dennis Harrison
(Name of Person)

P.O. Box 560116
(Address)

Orlando, FL 32806
(City/State and Zip Code)

2006 DEC -6 P 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Dr. H. Dennis Harrison at 407.822-1107
(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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Eagles Health & Wellness Center, LLC
(Present Name)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC -6 P 1:55

FILED

FIRST: The Articles of Organization were filed on 10/4/06 and assigned
document number L06000096877

SECOND: This amendment is submitted to amend the following:

1. Manager/owner Dr. H. Dennis Harrison
2797 Hiawassee Rd
Orlando, FL 32818
2. Asst. Manager Elize Verty
2797 Hiawassee Rd
Orlando, FL 32818

Dated

11/28/2006

[Signature]
Signature of a member or authorized representative of a member

Dr. H. Dennis Harrison

Typed or printed name of signee

Filing Fee: \$25.00