# LD1000091877

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	······································
PICK-UP WAIT	MAIL
(Dusiness Fatity Name)	
(Business Entity Name)	
(Decument Number)	
(Document Number)	
Certified Copies Certificates of State	
Certified Copies Certificates of Stati	us
	· 1
Special Instructions to Filing Officer:	•
(A)	<i>W</i> /
	1/.





000083814690

01/12/07--01047--015 \*\*25.00

U/ JAN 12 PM 12: 43

SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section
Division of Corporations
SUBJECT: Eagles Health & Wellness Center, LC
(Name of Limited Liability Company)
$\bigcup$ . $\bigvee$
·
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Claire R Cimervil
Lougles Heatth & Wellness Center, LLC
(Firm/Company)
2797 Hawassee Bo
(Address)
O(s) of $S$ of $S$
Urrano, VC 32818
(City/State and Zip Code)
For further information concerning this matter, please call:
1 laire Umeruil 407, 422-1104
(Name of Person) at (Area Code & Daytime Telephone Number)
( The state of stay into propriotic realises)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee,
Certificate of Status  Certified Copy (additional copy is enclosed)  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

ARTICLES OF ORGANIZATION
OF

Cagles Health & Wellness Curter, LLC

(Fresent Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SECOND:	This amendment is submitted to amend the following:  Manager Owner Care 1. Imerv  2797 Hiamasee  Orlando, FL 35	RD
Dated	Y Claire - R Comery/ Signature of a member or authorized representative of a member Claire R Cimery!	
	Typed or printed name of signee	DIVÎS.

Filing Fee: \$25.00

DIVISION OF CORPORATIONS

O7 JAN 12 PM 12: 43

# Dr. H. Dennis Harrison

P. O. Box 560116 Orlando, FL 32856

January 8, 2007

### Bill of Sale for: Eagles Health & Wellness Center

- 1. Regarding the above captioned I Dr. H. Dennis Harrison, do hereby sell all interest in Eagles Health and Wellness Center, LLC Located at 2797 Hiawassee Road, Orlando FL 32818 to Claire R. Cimervil of 7704 Dryden Way, Orlando, FL 32818, for the amount of \$2,000.00 (two thousand dollars)sale to be effective Monday, January 8, 2007.
- 2. I also release myself from any and ALL debts past present or future, to and include accounts payable, accounts receivables, leases of equipment past present or future.
- 3. I also remove my name from any and ALL insurance claims, bills or bank account(s) or any other corporation obligations past present or future to be effective immediately.
- 4. Thereby request that all corporate papers be change effective immediately to reflect the transfer of ownership.

5. By signing below you are herby agreeing to ALL of the above captioned.

State of Florida County of Orange

On this 8 day of January, 2007, personally appeared before me these individual(s) described and who executed the foregoing statement, and be there upon duly acknowledged to that they executed the same as there own free and voluntary act and deed for the purpose therein stated.

MIRIAME DAGOBERT

03-13- 2010 My Commission Expires

Notary Public, State of Florida



