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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Y-AGE CLINIC, LLC		
(Name o	of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) ar	e submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Trint Nixon		
- ,	(Name of Person)	_
Y-AGE CLINIC, LL	C	
	(Firm/Company)	-
4320 Gandy Blvd.		Z006 DEC SECRET
	(Address)	ARE TO
Tampa, FL 33611		-1 AM 11: 06 ARY OF STATE ASSEE, FLORID
(City/State and Zip Code)	To. E
For further information concerning this matter, plea	ase call:	: 06 PATE ORIDA
William Smoak	at (813) 221-1331	
(Name of Person)	(Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \times \text{Solution of Status}	Certified Copy Certified (additional copy is enclosed) Certified	00 Filing Fee, ate of Status & d Copy anal copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER ADDR Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on October 30, 2006 document number L06000104946	and assigned
SECOND:	This amendment is submitted to amend the following:	
	Article V is amended to include the following:	75°40' (market)
		2006 TAL
	Title: MGRM	DEC RETA AHA
	Charles H. Gustafson	SSEE
	152 Aldren Ave. Jamestown, NY 14701	OF STATE
		RIDATE A

Dated No	vember 27 2006	

Filing Fee: \$25.00

Typed or printed name of signee