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(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	TugoHea (Name of Li	mited Liability Company)	 		
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	Pablo	(Name of Person)			
		(Firm/Company)			
	1141 W. Lake Brown	(Address) Ley Rd. Altamonte Soc.	FL 32714	07 OCT 26 AM 11: 17 SECRETARY OF STATE TALL AHASSEE, FLORIDA	音音
For further information of	concerning this matter, please	(City/State and Zip Code)		OF STATE	
Pablo (Name	Of Person)	_ at (407) (407) 461-64 (Area Code & Daytime			
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 en		

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

J	Jugo Health LL (Present Name)		
	(A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on document number. LO700033902		
SECOND:	This amendment is submitted to amend the following:		
	Change name of Limited Liability Company from Iugo Health to -> The White Horse	-	
	30 110001	-	
	Trading Company LLC.	- 0	
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Dated	Petober 24 2007,	-	
	Sind of a make the state of	-	
	Signature of a member or authorized representative of a member		
	Tablo Quiroga Typed or printed name of signee	_	
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Filing Fee: \$25.00