

Florida Department of State

Division of Corporations Public Access System

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(((H09000233228 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: WHWW, INC.

Account Number : I20060000124

: (407)246-6584

Fax Number

: (407)645-3728



AMND/RESTATE/CORRECT OR M/MG RESIGN

CYNTRIST, LLC

Certificate of Status	0
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EXAMINER

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H090002332283

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L	NTRIST, LLC Company as it now appearance Liability Company)	ri on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	06/25/2007	and assigned
lorida document numberL07000068544	-		
his amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limit</u>	ed limbility company he	ere:	
TOTAL HEA	LTH DIABETES, LLO	c _	
The new name must be distinguishable and end with the word	s "Limited Liability Comp	nany," the designation "	LLC" or the abbreviati
LLC			15 (A)
Inter new principal offices address, if applicable:			gan a gan g kaj gan a
Principal office address MUST BE A STREET ADDR	(723		Bar Read
		 	S.
			新 术
inter new mailing address, if applicable:	· · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			200 1 mm 1 m
I. If smending the registered agent and/or registe egistered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	cas here:		
	Enter Florido street address		ress
		Florida	
	Ctry		Zip Code
lew Registered Agent's Signature, if changing Registered	- •		

If Changing Registered Agent, Stanstate of New Registered Assat

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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.

Н090002332283

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:

Title	Name	Vagases	Type of Action
			Add Remove
			Add Remove
_			Add Add Remove
			Add Co Remove
			Add Cp. 1
			Add Care
D. If ames	nding any other information, enter char	ngu(s) here: (Attach additional shauts, if necessar	
<u> </u>			
Dated	October 27	2009	
Dated	Six	2009 Der or suthanized representative of a member	

Filing Fee: \$25.00