## 107000073787

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(City	//State/Zip/Phone #	)
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## COVER LETTER

TO: Registration Division of C	i Section Corporations	-		
<sub>SUBJECT:</sub> Tao	of Wellness Acupun	cture Clinic, LLC		
	(Name of Li	mited Liability Company)	<u>िरा प्रिया</u> ।	
	of Amendment and fee(s) are su			
Please return all corre	spondence concerning this matte	er to the following:		
	John Orsborn			
	~	(Name of Person)	· .**	<ul> <li>Control of the second of the s</li></ul>
	Tao of Wellness A	Acupuncture Clinic, LLC	<u> </u>	型 图 27 SE1
	6115 Dartmouth D		2.4	語記で
	Bradenton, Florid	(Address)		TSEP -4 MID: 23
		(City/State and Zip Code)	<del></del> . <del>.</del>	京司 公
For further information	on concerning this matter, please	call:		
John Orsborn	1	a <sub>i</sub> (941 <sub>)</sub> 545-2445	: 	
(Nar	ne of Person)	(Area Code & Daytin	e Telephone Number)	
Enclosed is a check for t	the following amount:	_		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl	losed)
MA	ILING ADDRESS:	STREET/COURIS	ER ADDRESS:	

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

Tao of Wellness Acupuncture Clinic, LLC

FIRST:	The Articles of Organization were filed on document number L07000073787	and assigned		_		•
SECOND:	This amendment is submitted to amend the following:					
	Name change of LLC from:	_ : _	_ == _			·
	Tao of Wellness Acupuncture Clinic, LLC to					<del>,</del> ,
	Tao of Wellbeing Acupuncture Clinic, LLC					
	due to copyright laws.	:			. :	• • •
				<del></del> .	ė	· .
			<u> ,                                 </u>	 -22 -23 -23 -23 -23 -23 -23 -23 -23 -23	07 S	**
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			5_			
		1,	<u>::</u>		AM 10: 23	
Dated Aug	gust 30, 2007	. + <del>t</del>				
	Signature of a member or authorized representative of	a member		_	,	. •
	John Orsborn					
	Typed or printed name of signee					

Filing Fee: \$25.00