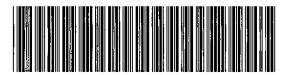
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(Re	questor's Name)	·
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EXAMINER

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SELVE TARY OF STATE
TALLAHASSEE, FI ORIO



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: September 25, 2008

ORDER TIME : 12:32 PM

ORDER NO. : 735831-005

CUSTOMER NO: 7668575

DOMESTIC AMENDMENT FILING

NAME: TOVACATIONHOME, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. TOVA	CATIONHO	ME, LLC	高 市
(Name of the Limit	ed Liability Compa	any as it now appears on our re Liability Company)	cords.)
	(A Pionas Builtea :	Enablity Company)	
The Articles of Organization for this Limited	Liability Company	were filed on 08/20/2007	and assigned
Florida document number L0700008509:			
	,		
This amendment is submitted to amend the fo	llowing:	·	
A. If amending name, enter the new name	of the limited liab	ollity company here:	
DOCTOR FISH OF CENTRAL FL	ORIDA, LLC		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		4226 ANTHONY LA	NE
(Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FLORII	OA 32822
			·
		100 / 127777777777	
Euter new mailing address, if applicable:		4226 ANTHONY LA	NE
(Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FLORID	DA 32822
7			,
B. If amending the registered agent and registered agent and/or the new registered o	or registered of ffice address here	fice address on our records	enter the name of the new
	22100 41107000 71011	;·	
Name of New Registered Agent:	THACH TA	<u> </u>	
New Registered Office Address:	4226 ANTI	HONY LANE	
•		(Enter Florida s	street address)
	ORLANDO) . Flo	orida 32822
•		(City)	(Zin Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complute neithornance of my duties, and I on familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. First the second in the limited liability company has been untified in writing of this change.

(If Change Redstored Agent Manature of New Revisie red Agent

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;

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Ac	tion.
·			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	<u>Hen</u>
			Add Remove	
). If amead	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)		
_			<u> </u>	٠,
			-	t ¹ 17)
Dated	,			
		er of authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00