

LD8000004783

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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EXAMINER



000138315400

12/15/08--01007--004 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 DEC 15 PM 2:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOLISTIC MEDICAL CENTER OF FORT PIERCE LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REBECCA TYE

(Name of Person)

HOLISTIC MEDICAL CENTER OF FORT PIERCE LLC

(Firm/Company)

1905 S 25TH STREET SUITE 100

(Address)

FORT PIERCE, FL 34947

(City/State and Zip Code)

For further information concerning this matter, please call:

REBECCA TYE

(Name of Person)

at (772) 528-6248

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 15 PM 2:37

HOLISTIC MEDICAL CENTER OF FORT PIERCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 15, 2008 and assigned
Florida document number L08000004783.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Rebecca Tyle

New Registered Office Address:

1905 S 25th St. Suite 100

(Enter Florida street address)

Fort Pierce

(City)

, Florida

34947

(Zip 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 complete performance of my duties, and I am 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Rebecca Tyle
(If Changing Registered Agent, Signature of New Registered 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:

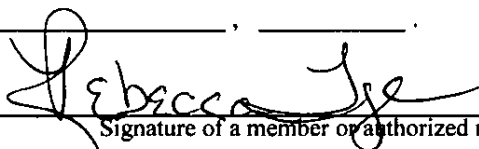
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BARBARA M GEORGIADIS	1905 S 25TH STREET SUITE 100 FORT PIERCE, FL 34947	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WILLIAM G TYE III	1905 S 25TH STREET SUITE 100 FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____



Signature of a member or authorized representative of a member

REBECCA TYE

Typed or printed name of signee