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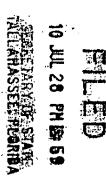
(Requestor's Name)						
(Address)						
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D. BRUCE

JUL 29 2010

EXAMINER

COVER LETTER

10:		ion Section of Corporati	ons				
SUBJE	:ст: <u></u>	LEART	HERLTH	MANAGEMENT, LL ited Liability Company	. C		
	•		Name of Lim	ited Liability Company			
The end	closed Artic	les of Amend	lment and fee(s) are su	bmitted for filing.			
Please 1	return all co	rrespondence	concerning this matte	r to the following:			
			Corint	hia Loblack Name of Person	y		
			tear Hea	Ith Management Firm/Company			
			2426 Mad	Address Hericla 32837 City/State and Zip Code			
					 	Ē z	. T. T x
			Corin this lab E-mail address:	lack 6 ad. Com (to be used for future annual report notific	eation)		70
For furt	her informa	ation concern	ing this matter, please	call:		28	
(Corint	Name of Person	oblack	at (<u>407)</u> <u>579 - 95</u> Area Code & Daytime	789 Telephone Number	H & 59	
Enclose	xd is a check	c for the follo	wing amount:				
\$25 .	.00 Filing F	ee S	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	sed)

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

WELL BALANCED, LL	<u>C</u>	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records ollity Company)	<u>r</u>)
The Articles of Organization for this Limited Liability Company we	ere filed on May 02, 2	2008 and assigned
Florida document number <u>L086000 HH3/6</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
HEART HEALTH MANAGEME The new name must be distinguishable and end with the words "Limited	NT. LLC	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)		2 2 T
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		X
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	N FA Enter Florida stree	et address
	, Florid City	aZip Code
		Lip Como

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.

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>	Address	Type of Action
·			Add Remove
			Add Remove
			Add Remove
			Ξ,
			Add Remove
			AddRemove
D. If amen	ding any other information, enter cha	nnge(s) here: (Attach additional sheet.	s, if necessary.)
- -	·		
 Dated	July 21st, 5	2010	
	Signature of a men	iber or authorized representative of a men	nber
	Τν	ned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00