

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VITALMD GROUP HOLDING

Account Number : 120090000005 Phone : (305)273-4641

Fax Number : (305)273~0405

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HELENA HAN, MD, LLC

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JUL 3 1 2009

EXAMINER

H09000173040 **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Helena Han, MD, 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:		
MEIISSA O'ROUTKE		
VITAIMD Group Holding, LLC		
3225 Aviation Avenue suite 700		
Miami, FL 33133 City/State and Zip Code		
MOYOUVE @ Femwell.com		
For further information concerning this matter, please call:		
Melissa O'ROUV'Ke at 205) 213.4641 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of Status & 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Helena Han,		_
(Name of the Limited Liability Com (A Florida Limited	puny as it now appears on our red Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comparison document number LOSC 602.71	ny were filed on $(0.18.2)$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li" "L.L.C."	mited Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		SEC /ISE
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		Ξ
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
New Registered Agent's Signature, if changing Registered Agen	City	Zip Code

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 posinon 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

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MGR = Manager

MGRM = Managing Member

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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:

Type of Action Address <u>Title</u> <u>Name</u> Robert Boyel, MD MGIRM VITAIMD GROUP MGRM .□ Add Remove Remove ∏∧dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or author Robert Typed or printed name of signee

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Filing Fee: \$25.00

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