

108000099209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

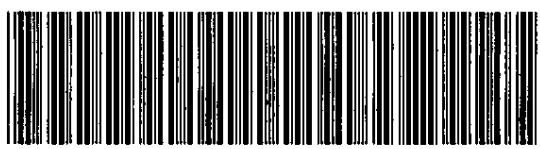
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

NOV 16 2009

EXAMINER



700162654267

11/12/09--01044--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV 13 AM 11:42

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOTAL HOLISTIC CARE, 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:

GALINA KOTLYAR
Name of Person

TOTAL HOLISTIC CARE, LLC
Firm/Company

18555 COLLINS AVE, SUITE # 100-177
Address

NORTH MIAMI, FL 33160
City/State and Zip Code

totalholisticcare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GALINA KOTLYAR at (**561**) **628 6405**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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 CORPORATION
09 NOV 13 AM 11:42

TOTAL HOLISTIC CARE, 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 OCTOBER 21, 2008 and assigned Florida document number L08000099209.

This amendment is submitted to amend the following:

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

N/A

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)

18555 COLLINS AVE, SUITE # 100-177,

NORTH MIAMI, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18555 COLLINS AVE, SUITE # 100-177,

NORTH MIAMI, FL 33160

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:

GALINA KOTLYAR

New Registered Office Address:

18555 COLLINS AVE, SUITE # 100-177,

Enter Florida street address

NORTH MIAMI

Florida

33160

City

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.

Galina Kotlyar
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	FELIX TAUBMAN	18555 COLLINS AVE. SUITE 100-177 NORTH MIAMI, FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL TAUBMAN	18555 COLLINS AVE. SUITE 100-177 NORTH MIAMI, FL 33160	<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.)

N/A

Dated NOVEMBER 5, 2009



Signature of a member or authorized representative of a member

GALINA KOTLYAR

Typed or printed name of signee