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2011 FEB 14 PM &: 45

C. LEWIS
FEB 1 5 2011
EXAMINER

COVER LETTER

Division of Corporations					
SUBJECT: Palm Beach Wellness Centers 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:					
Oscar De Castro Name of Person					
Palm Beach Welhiess Center U.C. Firm/Company					
7130 S. Military trail					
Lake Wordh, FL 33463 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (S61) 429-3973 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

2011 FEB 14 PM 念 49

PALM BEACH WELLNESS CENTER LAIC AHASSEE, FLORIDA
(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 Lia Florida document number L09000040		01/13/2009	and assigned		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of	the limited liability company h	e re :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered office address on	our records, enter t	he name of the new		
44400 04 OF MEADOW TEDD					
New Registered Office Address:	Enter Florida street address				
	ROYAL PALM BEAC	`H maratan	33463		
	City	CH, Florida	Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agent:		•		
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ci	oper and complete performance ered agent as provided for in C gistered office address. I herel	e of my duties, and I a Chapter 608, F.S. Or, by confirm that the lin	m familiar with and if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	TOUCH THE SKY LLC	11488 SAGE MEADOW TERR ROYAL PALM BEACH, FL 33411	✓ Add Remove
<u>MGRM</u>	Apartment Specials Network LLC	5156 AURORA LAKE CIR GREENACRES, FL 33463	Add Remove
MGRM	TOUCH THE SKY INC		Add Remove
<u>MGRM</u>	ASN DOC SERVICES		Add Remove
			Add Remove
			Add Remove
		e(s) here: (Attach additional sheets, if necessar) Y INC AS WELL AS ASN DOC SERVIO	
	FEBRUARY 10TH , 20	<u>11</u>	2011 FEB 14 ALLAHASS
	_	or authorized representative of a member	EE, FLOR
		CAR DE CASTRO or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00