L09000067791

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2009 JUL 30 PH 12: 48
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JUL 3 1,2009.

EXAMINER

Registration Section TO: **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YankiEL BORRE 60 Healing Center, LLC Hillsborough Ave, Ste #330 mericanhealing Center Qualon Com E-mail address: (to gused for future annual report notification) For further information concerning this matter, please call: Gregory 5. Rodrigue 7 at (407) 446-8376 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ГЧ\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

COYER LETTER

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AMERIC	AN HEALING CENTER	, LLC	LLAHASSEE, FLORIN
(<u>Name of the Limited</u>) (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.) ''	
The Articles of Organization for this Limited Lia	ability Company were filed on	7-14-09	and assigned
Florida document number L09000067	791		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I			
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		The state of the s	
New Registered Office Address:	E	nter Florida street aa	dress
		, Florida _	
	City		Zin 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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	DR. Gregory S. Rockique	2 83 13 W. Hillsborough Aug Ste 330 TAMPA, FL 33615	Add Remove
			Add Remove
			Add Remove
D. If amend	ting any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			FILED 2009 JUL 30 PH 12: 48 SHICKERARY OF STATE
Dated	Signature of a member	or authorized representative of a member	PHIZ: 48
	YankiEL BORTE	or printed name of signee	

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:

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Filing Fee: \$25.00