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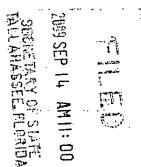
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to I	Filing Officer:	
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T. CLINE

SEP 15 2009

**EXAMINER** 

## **COVER LETTER**

TO: , Registration Section Division of Corporation			7	
SUBJECT: Ame	rica Healing	Center, LLC	· .	
	Name of Limited Lia	тту Сотрапу		
The enclosed Articles of Amendm	ent and fee(s) are submitted f	or filing.		
Please return all correspondence c	oncerning this matter to the fo	llowing:		
	Vankiel B	orego		
	America Hec	orego me of Person aling Center m/Company	LLC	
_		borough Ave St		
	Tampa, F	33615 ate and Zip Code  center@ Yahoo for future annual report notification		
For further information concerning		center@ Yahoo for future annual report notification	Com TALLA	
Yankiel Bo	·	t (013) 886-800	60 (SE)	-
/ Name of Person		Area Code & Daytime Telep	onone Number	
Enclosed is a check for the following \$25.00 Filing Fee \$30.	-	: 00 Elles Fac &		
	ertificate of Status C	i.00 Filing Fee & crtified Copy dditional copy is enclosed)	3\$60.00 Filing Fee, Certificate of Status Certified Copy	&
P Loter +	located with the same of	W On One	(additional copy is e	
MAHLING PADI	<u></u>	STREET/COURIER AND Registration Section	DDRESS:	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Healing	Center, LLC	
(Name of the Limited Liability Compa) (A Florida Limited Lia	y <mark>as it now appears on our reco</mark> ability Company)	ords.)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	(CC)	
The new name must be distinguishable and end with the words "Limite" "L.L.C."	d Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6313 W. Hills	sborough Ave
(Principal office address MUST BE A STREET ADDRESS)	Ste 1	# 33b
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tampa, Pi	336/5 109 SEP 14 1
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	Flo	rida
	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.

If Changing Registered Agent, Signature of New Registered Agent

<u> Title</u>	<u>Name</u>	Address	Type of Action
16AH	Dr. Gregory S.	Rodriguez 8313 W. Hillsborough  Tampa, Fl 3361	Add Remove
<u></u> -			Add Remove
	<u> </u>		Add Remove
**************************************			☐ Add ☐ Remove
			Add Remove
). If amend	ing any other information, e	nter change(s) here: (Attach additional sheets, if	Add
, ii amond		Ter enange(s) nere: (Anach daamonat sheets, y	necessary:)
Dated	September 8++	<u> 7003</u> .	

If emending 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:

Page 2 of 2

Filing Fee: \$25.00