

LD9 000067791

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2009 SEP 14 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

SEP 15 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: America Healing Center, 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:

Yankiel Borrego  
Name of Person  
America Healing Center, LLC  
Firm/Company  
8313 W. Hillsborough Ave Ste # 330  
Address  
Tampa, FL 33615  
City/State and Zip Code  
Americahealingcenter@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yankiel Borrego at (913) 886-8060  
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)

Check # 1021  
Bank of America

*p Notice that it's not in on America Healing Center, LLC.*

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32301

STREET/COURIER ADDRESS:

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 14 AM 11:00

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

American Healing Center, 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 7/14/2009 and assigned  
Florida document number L 09000067791.

This amendment is submitted to amend the following:

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

American Healing Center, LLC

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)

8313 W. Hillsborough Ave  
Ste # 330  
Tampa, FL 33615

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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	Dr. Gregory S. Rodriguez	8813 W. Hillsborough Ave Apt 330 Tampa, FL 33615	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SEP 14 11:00 AM '09

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated September 8th, 2009

Signature of a member or authorized representative of a member

Dr. Gregory S. Rodriguez

Typed or printed name of signee