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COVER LETTER

Division of Corporations
SUBJECT: Centers for Women's Health of America, 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:
Jessica Copero Bracero Name of Person
Centers for Women's Health of America, LLC
12315 Lake · Underhill Road
Orlando, FL 32828 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tessica Ceard Bracero at (321) 207-6179 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: 4
\$25.00 Filing Fee Solution Solution Status Solution Solution Status Solution Solutio

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION

OF

(A Fiorida Canned	training Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000948</u> 00		ept. 30, 2009	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbr	 reviation "L	"L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			 _	V.*
Enter new mailing address, if applicable:		<u>.</u> .	0	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			A.	<u> </u>
		 	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ir records, <u>enter tl</u>	<u>1e name</u>	of the
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	•	• •	•	•

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Actio **Title Address** <u>Name</u> Jessica Cepero Bracero 12315 Lake Underhill Rd MADD AMBR orlando, FL 32828 □ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _ Change □ Add ☐ Remove _□ Change □ Add

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Filing Fee: \$25.00