

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROFESSIONAL HEALING SERVICES 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:

ROBERTO LI SR

Name of Person

PROFESIONAL HEALING SERVICES LLC

Firm/Company

5130 S FLORIDA AVE STE 410

Address

TAMPA FL 33813

City/State and Zip Code

PROFESSIONALHEALING@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO LI SR

Name of Person

at (**863**)

9378814

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)

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

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>
MGR	URBANO REYES	5130 S FLORIDA AVE STE 410 LAKELAND FL 33813	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DAGOBERTO MORALES	5130 S FLORIDA AVE STE 410 LAKELAND FL 33813	<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

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

2010 AUG -4 PM 1:35
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated JULY 13, 2010

 Signature of a member or authorized representative of a member
ROBERTO LI SR

 Typed or printed name of signee