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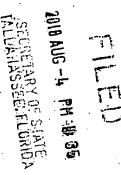
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C. LEWIS

AUG - 5 2010

EXAMINER

COVER LETTER

	ration Section n of Corporations				
SUBJECT:	PROFESSIONAL H	HEALING SERVICES L	.LC		
Someci		ted Liability Company	·		
•					
The enclosed A	rticles of Amendment and fec(s) are sub	omitted for filing.			
Please return all	correspondence concerning this matter	to the following:			
•		ROBERTO LI SR			
•		Name of Person			
	PROFESIO	NAL HEALING SERVICES	LLC		
		Firm/Company			
	5130	S FLORIDA AVE STE 410			
		Address			
		TAMPA FL 33813			
		City/State and Zip Code			
	PROFESSIO	ONALHEALING@YAHOO.	COM		
	E-mail address: (to be used for future annual report notif	ication)		
For further info	rmation concerning this matter, please of	call:	•		
	ROBERTO LI SR	at (863)	9378814		
	Name of Person		e Telephone Number		
•	•	•			
Enclosed is a ch	eck for the following amount:		,		
\$25.00 Filin	g 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/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2018 AUG - 4 PM III 86

PROFESSIONAL HEALING SERVICES 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			11/19/2009	and assigned
Florida document numberL09000111	639	r		
This amendment is submitted to amend the following	owing:	•		
A. If amending name, enter the new name of	the limited liab	oility company	<u>here</u> :	
	N/A	A		
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Co	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
•				
B. If amending the registered agent and/or the new registered of	-		n our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	·		
			Enter Florida street add	ress
	<u> </u>		, Florida	
		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.

It 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

<u>l'itle</u>	Name :	Address	Type of Action
MGR_	URBANO REYES	5130 S FLORIDA AVE STE 410 LAKELAND FL 33813	Add Remove
MGR_	DAGOBERTO MORALES	5130 S FLORIDA AVE STE 410 LAKELAND FL 33813	✓ Add ☐ Remove
	·		Add Remove
	· .		Add Remove
		<u>-</u> -	Add Remove
·	·		Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	7) 1818 - 14
			MINION TARY
<u> </u>			
Dated	JULY 13 , 2	010	¥
,	-/X	ROBERTO LISR	

Page 2 of 2

Filing Fee: \$25.00