## 209000111639

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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11/17/10--01005--016 \*\*25.00



J. SAULSBERRY EXAMINER
MOV 1 8 2010

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	orporations				
SUBJECT:	PROFESSIONAL	HEALING SERVIC	ES LLC		
3000ECT.		nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	er to the following:			
	4.000	ROBERTO LI SR		_	
		Name of Person			
	PROFESSI	ONAL HEALING SER\	VICES LLC	_	
		Firm/Company			
	5130	S FLORIDA AVE STE	410		
		Address		-	
	ı	LAKELAND FL 33813		201 FAIL	
		City/State and Zip Code			#LL-1
	PROFESSI	ONALHEALING@YAH (to be used for future annual repo	100.COM	2010 NOV 17	
For further information	concerning this matter, please	•	7		
	concerning and matter, prease	cuii.		PH 4: 3	
	DBERTO LI SR	at ( 863 )	9378814	4:31 ORIDS	
Name	of Person	Area Code &	Daytime Telephone Numbe	:r	
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 er	nclosed) Certified	ate of Status &	sed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration Division of Clifton Build	Corporations ding tive Center Circle		

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

## 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 Comp	oany were filed on	11/19/2009	and assigned	
Florida document numberL09000111639				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company h	ere:		
1	N/A			
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Com	pany," the designation "I	·	ior
Enter new principal offices address, if applicable:	N/A	**	2010 SEC	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<b>&gt;</b>	ià 5 m	_
		() () ()		
		<u>[1</u>	land	
Enter new mailing address, if applicable:	N/A	, e		
(Mailing address MAY BE A POST OFFICE BOX)		===	<u> </u>	-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:  N/A		our records, enter t	he name of the no	<u>ew</u>
New Registered Office Address: N/A				_
New Registered Office Address.	E	nter Florida street add	ress	-
	, Florida			
	City	, 1 1011da	Zip Code	-
New Registered Agent's Signature, if changing Registered Age	ent:			

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR_	DAGOBERTO MORALES	5130 SOUTH FLORIDA AVE STE 410 LAKELAND FL 33813	_			
MGR_	URBANO REYES	5130 SOUTH FLORIDA AVE STE 410 LAKELAND FL 33813	/ Add Remove			
			Add Remove			
<del></del>	·		Add Remove			
			Add Remove _			
			Add Remove			
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	<b>2</b> (			
<u>N</u>	/A	A SSE F				
_	NOVEMBED 04	ORIO A	30			
Dated	NOVEMBER,04 , 201	0				
	Signature of a receipter of	or authorized representative of a member	<del></del>			
ROBERTO LI SR						
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00