## L09000//3790

(Requestor's Name)	_
(Address)	—
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

A. LUNT

ATTG 13 2010

**EXAMINER** 

Office Use Only



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08/16/10--01001--005 \*\*25.00



ECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Transformations Tallalasse LLC  Name of Limited Liability Company					
Name of Emined Elabinty Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
,					
Ucherna Emerika					
Name of Felson					
waveformations (allacere UC					
Firm/Company					
1965 Capital Cirale NE					
Address					
Tallalace Fe 3230 5 TI					
City/State and Zip Code					
dripho talimpacthealth. Come m					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
chema Emerike 200 294 4124					
Name of Person Area Code & Daytime Telephone Number					
<b>,</b>					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,					
Certificate of Status Certified Copy Certificate of Status &					
(additional copy is enclosed) Certified Copy (additional copy is enclosed)					
MAIN INC. ADDRESS.					
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section					
Division of Cornorations Division of Cornorations					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number <u>109000 //3</u> 790 . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Type of Action
MER	MIGNON EMEN	1965 GP, 128 CIV	Add
·	·····		Add Remove
			Add Remove
	······		AHP Add
			The dd C
			AddRemove
D. If ame	nding any other information, ent	er change(s) here: (Attach additional sheets, if ne	ecessary.)
- -			
	August 13th		7
Dated		a member or authorized representative of a member	
	y chem	Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00