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SECRETARY OF STATE
SECRETARY OF STATE

B. BOSTICK

JAN 1 9 2011

EXAMINER

COVER LETTER



| SUBJECT: | BACK TO GOOD HEALTH, I Name of Limited Liability Company | IC . |
|----------------------------------|--|--|
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence | ondence concerning this matter to the following: | |
| | Kimbery ANN REG | ì's |
| | BAUK TO GOOD HEAlth, | <u> </u> |
| ; | 15291 NW 60th Ave, Su | ite 107 |
| | Miami Lakes, FL 330 City/State and Zip Code | N4 Ac |
| | BACKTO HEALTH 2010 E YAHOC E-mail address: (to be used for future annual repor | t notification) |
| For further information | concerning this matter, please call: | ASSE 8 |
| Kimberl | 4 ANN REgis at (305) 231 | -0777 3 3 1 |
| Name o | y ANN Regis at (305) 231 of Person Area Code & D | Oaytime Telephone Number OFA COA |
| Enclosed is a check for t | he following amount: | |
| \$25.00 Filing Fee | S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is end | \$60.00 Filing Fee, Certificate of Status & Closed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Co | EALTH LLC | ur racords) | | |
|---|--|---|--|--|
| (A Florida Lim | nited Liability Company) | ar records.) | | |
| The Articles of Organization for this Limited Liability Com | npany were filed on | 6-10 and assigned | | |
| Florida document number <u>L100000 2027</u> . | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | | |
| | | | | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Company," th | e designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | ٧ | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | φ ω Γ | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | <u> </u> | | |
| | | %E 700 | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office addres | ed office address on our re s here: | cords, enter the name of the new | | |
| | | | | |
| 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 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, 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> | | Address | Type of Action |
|--------------|------------------------------|--------------------|--|-------------------|
| MGR! | M Kimberly | ANN REGIS | 5352 North SAN ANDROS WEST PALM BEACH FLORIDA 33411 | _MAdd ☐ Remove |
| | | | | Add Remove |
| | | | | Add Remove |
| | | <u>,</u> | | Add Remove |
| | | ····· | | Add Remove |
| | | | | Add Remove |
| D. If an | nending any other informatio | on, enter change(s |) here: (Attach additional sheets, if necessary) | |
| | | | FLORIDA | b |
| Dated | JANUARY 11 | // <u>201</u> | | |
| | • | NBERLY A | authorized representative of a member NREGS printed name of signee | |

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Filing Fee: \$25.00