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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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DIVISION OF CHARLES

COVER LETTER ...

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| SUBJE | ст:У | ITAMIN XTRA Name of Limi | LL c ted Liability Company | |
| The end | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | MIN XTRA LLC Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: GILES A. OVEREND Name of Person Firm/Company 734 SMAKETT CREK DR, Address Nokomis Florida 3+275 City/State and Zip Code Govereds (a camcast Net . E-mail address: (to be used for future annual report notification) ning this matter, please call: Area Code & Daytime Telephone Number owing amount: 330.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed) | |
| | | G | · · · · · · · · · · · · · · · · · · · | <u></u> |
| | | | Firm/Company | |
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| | | Gover E-mail address: (1 | END @ CAMCAST. NET to be used for future annual report notificat | ion) |
| For furt | her information o | concerning this matter, please c | all: | |
| | GILES Name o | OVEREND of Person | at (941) 350 3873 Area Code & Daytime To | |
| Enclose | ed is a check for t | he following amount: | | |
| ∑(\$ 25. | 00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & |

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



RECEIVED

12 JAN 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2012

GILES A OVEREND 734 SHAKETT CREEK DR NOKOMIS, FL 34275 US

SUBJECT: VITAMINXTRA LLC Ref. Number: L10000016416

We have received your document for VITAMINXTRA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

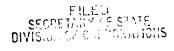
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 212A0000068

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 JAN 23 PH 3: 35

| \ / | 11.0 | ,_ ,, |
|---|------------------------------|--|
| VITAMIN XTRA | LLC | n noonds) |
| (Name of the Limited Liability Compa (A Florida Limited I | Liability Company) | i records.) |
| | Fam. 17 | _ |
| The Articles of Organization for this Limited Liability Company | were filed on 128 12 | Zolo and assigned |
| Florida document number <u>L 1 0000 0 16+16</u> . | | |
| | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| PARKLAND LE | ADV HEALTH | · · · · · · · · · · · · · · · · · · · |
| The new name must be distinguishable and end with the words "LimitL.L.C." | ited Liability Company," the | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | " SAM | € '' |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | M <i>€</i> ' |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Muning maness MAT BE A TOST OTTICE BOX | | - N-11 - 18 - 1/2 |
| | _ | A STATE OF THE STA |
| B. If amending the registered agent and/or registered of | ffice address on our rec | ords, enter the name of the new |
| registered agent and/or the new registered office address her | | |
| | · _ | |
| Name of New Registered Agent: | gent: "SAME" | |
| New Registered Office Address: | | |
| 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 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 |
| | | | Add |
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| | | | Add Remove |
| | | | Add Remove |
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| | | | Add |
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| D. Ifam | ending any other information, en | ter change(s) here: (Attach additional sho | |
| | | | F Z.F. |
| | | | JAN 23 PH |
| Dated | 1ST JOHNAMY | . Zo12 | 3: 35 |
| | Signature of | a member or authorized representative of a m | nember |
| | GILES | A. OVEREND Typed or printed name of signee | A |

Page 2 of 2

Filing Fee: \$25.00