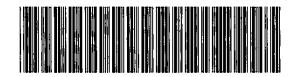
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Optimal Health Dr Christophe D. Olenek, D.O. LL Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
D. Christophen D. Olenek D. O. B.
optimal Heath Firm/Company
960 37th Place # 102
Vero Beach, F.J. 32960 City/State and Zip Code
eastside Ungent care 760 e gmo. 1- LOM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dr Chnistopher Olenek at (772) 770-6265 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	hn'shphel ny as it now appears on our r Liability Company)	Olenek D.D. LCC
(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		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designatio	
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)		
Name of New Registered Agent:	<u>e</u> :	address
	City	

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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** OfficeMgr Bonnie Beaumont 9100 37th Place #102 0 Add Remove 32960 _ Add ☐ Remove ☐ Remove _ Add _□ Remove _□ Add □ Remove _ Add

□ Remove

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ective date, if other than the date of filing: September 4 2014 (optional)		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
date this document is filed by the Florida Department of State)		
ed September 4, 2014.		
Tustonel Clovel		
Signature of a member or authorized representative of a member		•
Di Christophe D. Oknek		
Typed or printed name of signee		•
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Page 3 of 3

Filing Fee: \$25.00