

L100000052874 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

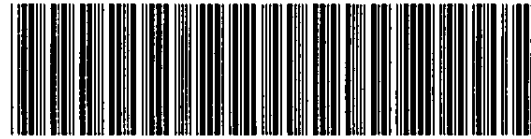
(Business Entity Name)

(Document Number)

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FILED  
12 JUL 31 PM 2:56  
TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG - 1 2012  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FIT 4 LIFE MEDICAL CENTERS, LLC**  
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:

**BIANCA BAUERLE**  
Name of Person

**RACHLIN & ASSOCIATES, INC.**  
Firm/Company

**11120 N KENDALL DRIVE SUITE 201**  
Address

**MIAMI, FL 33176**  
City/State and Zip Code

**BIANCARSA@BELLSOUTH.NET**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**BIANCA BAUERLE** at ( **305** ) **270-2040**  
Name of Person Area Code & Daytime Telephone Number

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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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

RECEIVED  
12 JUL 31 PM 2:56  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FIT 4 LIFE MEDICAL CENTERS, 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 Company were filed on 5/17/10 and assigned Florida document number L10000052874.

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)

9027 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9027 BISCAYNE BLVD  
MIAMI SHORES, FL 33138

TALLAHASSEE, FLORIDA  
12 JUL 31 PM 2:56

**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:

EDMUNDO R. TAMAYO

New Registered Office Address:

9027 BISCAYNE BLVD

*Enter Florida street address*

MIAMI SHORES

Florida

33138

*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>          | <u>Address</u>                               | <u>Type of Action</u>  |
|--------------|----------------------|--|--|
| MGR          | EMCT ENTERPRISES LLC | 9027 BISCAYNE BLVD<br>MIAMI SHORES, FL 33138 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____                | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____                | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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| _____        | _____                | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

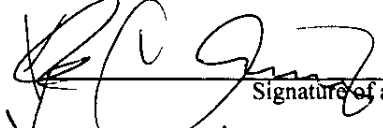
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELETYPE UNIT

12 JUL 31 PM 2:56

Dated JULY 13, 2012



Signature of a member or authorized representative of a member

Edmundo R. Tamayo, M.D.

Typed or printed name of signee