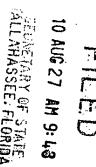
L10000070825

(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:				
Cpooler morasions to 1 ming officer.				

Office Use Only



000184010000



D. BRUCE
AUG 3-1 2010
EXAMINER

COVER LETTER

`TO: Registration Division of C	Section Corporations		
SUBJECT:	Sama Hearn and Name of Limit	Weiness UC ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Michael	Name of Person	
	win	Name of Person Feuce + Paggo, PA Firm/Company	
	101 N	PINE ISLAND RD, Sre Z	<u> </u>
		Address	
		City/State and Zip Code @ WFPLAW . WM to be used for future annual report notifica	
For further informatio	n concerning this matter, please c		tion) E. F. G. F. S. T. G. F. S. T. G. F.
Mec HA Nam	e of Person	at (954) 944 - 28 5 Area Code & Daytime T	<u> </u>
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ILING ADDRESS: istration Section	STREET/COURIE Registration Section	R ADDRESS:

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**

Sama HEALTH & WELLNESS LLC					
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company Florida document numberL100000 70825	were filed on				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited Habi	lity company here:				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	Sama HERLIN & WOLLNESS, LLC				
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33317				
Enter new mailing address, if applicable:	Sama Heart & Welchess LLC				
(Mailing address MAY BE A POST OFFICE BOX)	6511 Nova Dave, Ste 248 Davise, FL 33317				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ice address on our records, enter the name of the new				
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	anager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen —	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	10 AUG 2:
_			LED 7 M 9: 43
Dated	August 23 . Z	© 10	<u> </u>
	Michael	or authorized representative of a member Wich dor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00