110000/03640

(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:				

Office Use Only



500199490365

04/04/11--01017--020 **25.00

2011 APR 28 IN & 57
SECRETARY OF STATE

T. CLINE

EXAMINER



April 5, 2011

JERRY COX 1890 SEMORAN BLVD., SUITE 319 WINTER PARK, FL 32826

SUBJECT: BREASTBUS, LLC Ref. Number: L10000103640

We have received your document for BREASTBUS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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 all (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 211A0000815

COVER LETTER

Division of Co	orporations				
SUBJECT:	Brea	st Bus, LLC			
	Name of Limited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
		Jerry Cox		-	
		Name of Person			
	Breast Bus, LLC				
		Firm/Company			
	1890	Semoran Blvd. Suite	319		
		-			
	Winter Park, FL 32826			ZOI SE TAI	
	City/State and Zip Code			LCR.	
	E-mail address: (2011 APR 28 SECRETARY TALLAHASSI			
For further information	concerning this matter, please of		on nonneation)	E P	
	Jerry Cox	at (_407_)	571-7389	STATE STATE	
Name	of Person	Area Code &	Daytime Telephone Number	er >	
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 e	nclosed) Certifie	ate of Status &	
MAILING ADDRESS:		STREET/O	COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Breast Bus, LLC		
<u>ility Company as it now appea</u> da Limited Liability Company)	rs on our records.)	
•		and assigned
g.		
limited liability company her	<u>re</u> :	
's Health Initiative, LLC		
words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
		75 Z
DRESS)		FE
		AHAN PR
		SSEE SSEE
		<u> </u>
<u></u>		ST SP
		S 51
gistered office address on address here:	our records, <u>ente</u>	r the name of the new
En	nter Florida street d	address
	, Florida	
City	,	Zip Code
	lity Company as it now appead a Limited Liability Company) y Company were filed on imited liability company here 's Health Initiative, LLC words "Limited Liability Company here" DRESS) gistered office address on ddress here: En	lity Company as it now appears on our records.) Ida Limited Liability Company) y Company were filed on

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			
			Add			
			Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			ZOIII			
		· · · · · · · · · · · · · · · · · · ·	ARE DAG -			
			S Amove			
			FLO AS			
			Remove			
D. If a	mending any other information, enter	change(s) here: (Attach additional sheets, if nece	ssary.)			
	vane Change	Women's Health Enoton	LLC			
	0					
			······································			
Dated _	4/19	<u>20 M</u> .				
		\lCm				
	Signature, of a					
	Jemy	Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00