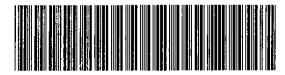
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<b>~</b>	COVER LETTER
TO: Registration Sect Division of Corpo	
SUBJECT: TOT	PAL CARE & WELLHESS, LLC  Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Alicia Young Adrian Fyne Nam Roof Person
•	Total Care & Wellness, LLC
	13105 SW 190th Lane
	Miami, FL 33177 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Adrian Name of P	erson at (305) 979-3770  Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

## STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL CARE & WELLNESS, 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 o1 20 2011 and assigned Florida document number L1100000833 4
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The tew name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "L.L.C."
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)
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:
New Registered Office Address:
Enter Florida street address
, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Type of Action** <u>Title</u> <u>Address</u> Name | PETER GROSS MGIZ ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2/3/11 Dated a-member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00