## #1/1000008639

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SCURLLANG OF STATE
AND ANASSEE, FLORIDA

K. SALY EXAMINER JAN 27 2011

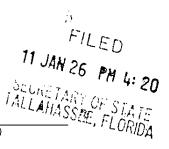
## **COVER LETTER**

TQ:

**Registration Section** 

* Division of C	orporations				
SUBJECT:	SENERI	TY HEALTH, LLC			
	of Amendment and fee(s) are su condence concerning this matte	·			
		Du Chan			
		Pu Shan Name of Person			
		Firm/Company			
	4019 Windtree Dr				
		Tampa, FL 33624			
		City/State and Zip Code psusf@msn.com			
For further information	E-mail address: ( concerning this matter, please of	(to be used for future annual report notification)			
	Pu Shan	at ( 813 ) 951-078	2		
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	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy additional copy is enclosed)		
Regis Divisi P.O. 1	LING ADDRESS: tration Section on of Corporations Box 6327 passee, FL 32314	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## SENERITY HEALTH, 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	1/21/2011	and assigned
Florida document number L11000008639	·		
This amendment is submitted to amend the following:	:		·
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
SERE	NITY HEALTH, LLC		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on o		<del>-</del>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
mag-un-un-	, Florida		
	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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	_
_			_
Dated	January 24	2011 .	
	Signature of mo	ember of authorized representative of a member	
	<i>V</i>	Pu Shan	
	· · ·	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00