

L11000091581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

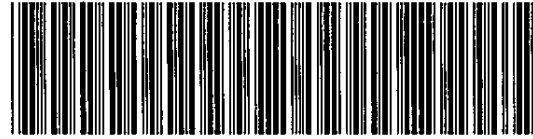
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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C. LEWIS
DEC - 8 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AFFORDABLE HEALTH OPTIONS, 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:

ELLEN M. RIEGEL
Name of Person

AFFORDABLE HEALTH OPTIONS, LLC
Firm/Company

4945 44th AVE N
Address

St. Petersburg, FL 33709
City/State and Zip Code

EANDS@IAMPABAY.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELLEN M RIEGEL at 727 368-8050
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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DIVISION OF CORPORATION
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AFFordable HEALTH OPTIONS, 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 11/28/2012 and assigned
Florida document number L11000091581.

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)

4945 44th AVE N
St. Petersburg, FL 33709

^{E-MAIL}
Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

EANDS@Tampabay.PR.com

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:

ELLEN MARIE RIEGEL

New Registered Office Address:

4945 44th AVE N

Enter Florida street address

St. Petersburg, Florida 33709
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.

Ellen Marie Riegel
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

Title	Name	Address	Type of Action
MGRM	TAYLOR, DAVID	Sut 401 2001 BRINSON Rd Lutz, FL 33558	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELLEN, RIESEL	4945 44th AVE N St Petersburg, FL 33709	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ELLEN, RIESEL	4945 44th AVE N St Petersburg, FL 33709	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	SANDRA M FORLAW SANDRA M FORLAW	4945 44th AVE N St Petersburg, FL 33709	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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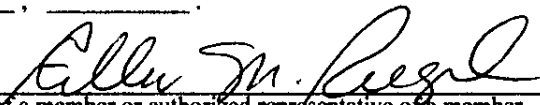
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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DIVISION OF CORPORATION

N/A

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Dated 11/28/2012



Signature of a member or authorized representative of a member

ELLEN M. RIEGEL

Typed or printed name of signee

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Filing Fee: \$25.00