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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 3 2011

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	GET HEALT	HY OLDSMAR, LLC	
		ited Liability Company	······································
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
		Kim Stanfield	
	•	Name of Person	
		The Hogan Law Firm	
		Firm/Company	201 SE TAL
		20 So. Broad Street	- SE
		Address	TAR ASS
	Br	ooksville, Florida 34601	2011 SEP 30 AH 8: 10 SECRETARY OF STATE TALLAHASSEE, FLORID,
	kotos	City/State and Zip Code	AH 8: 10 OF STATE OF STATE
	E-mail address:	nfield@hoganlawfirm.com (to be used for future annual report notification	
For further information	n concerning this matter, please	call:	
	im M. Stanfield	at (352) 799-	-8423
		·	•
Enclosed is a check fo	r 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)
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GET HEALTHY C	<u>)LDSMAR, L</u>	.LC	•	_	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appea iability Company)	<u>rs on our records.</u>)			
The Articles of Organization for this Limited Liability Company	were filed on	09/28/2011	and	l assigr	ned
Florida document numberL11000111202					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company her	<u>re</u> :			
GET HEALTHY WELLN	IESS WORLD	, LLC			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	any," the designation '	"LLC" or 1	the abb	reviatio
Enter new principal offices address, if applicable:			ZE SE	20	
(Principal office address MUST BE A STREET ADDRESS)			CRETAI	S	
			ARY OF S	8	T
Enter new mailing address, if applicable:)fS	AH	
(Mailing address MAY BE A POST OFFICE BOX)			REF	Ċò	e drown
			>	0	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on (our records, enter	the nam	e of t	the new
Name of New Registered Agent:					
New Registered Office Address:					
	En	ter Florida street ad	dress		
		, Florida			
	City		Zip C	ode	

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>:

	<u>Name</u>	Address	Type of Action
			□ Domous
			Add Remove
			Add Remove
			T Domous
	5-18-4-1HL		
D. If amen — —	ding any other information, ent	t er change(s) here: (Attach additional shee	ets, if necessary.) SECRETARY TALLAHASSE
			BO AH 8: 10 SEEL FLORIDA
	Contambor 20	2011	<i>y</i> •
Dated	September 29		

Page 2 of 2

Filing Fee: \$25.00