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(((H11000293181 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 : (305)633-9696 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELEMENTS MD, LLC

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## **COVER LETTER**

TO;	Registration S Division of Co			
SUBJ	ect:	ELEM	ENTS MD, LLC	
<b>4</b> 22 <b>4</b> 7			nited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	abmitted for filing.	
Please	return all couresp	ondence concerning this matte	er to the following:	
		F	PETER J YANOWITCH Name of Person	
			ELEMENTS	
			Firm/Company	
		290	3 SALZEDO STREET, #2	
		CO	RAL GABLES FL 33134	
			City/State and Zip Code	
		fernan E-meil address: (	nda@elementsservice.com (to be used for filture ennual report notification)	
For fun	her information o	concerning this matter, please t	call:	
		er Yanowitch	at ( 305 ) 443-4767  Area Code & Daytime Telephone Number	
	(vame o	भ म्बङ्गा	Area Code & Dayume Telephone Number	
Enclose	d is a check for the	he following amount:		
<b>∏</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee,   Certified Copy   Certificate of Status & Centified Copy     (additional copy is enclosed)   (additional copy is enclosed)	૦૩૯વે)
	Registr Divisio P.O. Bo	(NG ADDRESS: stion Section n of Corporations ox 6327 ssee, PL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, PL 32301	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEMENTS	S MD, LLC			
(Name of the Limited Liability Compa (A Ploride Limited I	uy as it now appear liability Company)	s on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number L11000112431,	were filed on	10-03-2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
ELEMENTS HE	EALTH, LLC			
The new name must be distinguishable and end with the words "Limi "LL.C."	ted Liability Compar	ny," the designation "LL	C' or the abbrevi	ation
Enter new principal offices address, if applicable:				_
(Principal office address MUST BB A STREET ADDRESS)		<u> </u>	<u> </u>	_
	V		<u> </u>	_
			FAR ASS	6N
Enter new mailing address, if applicable:		·		- ;
(Mailing address MAY BE A POST OFFICE BOX)			- T - X	— ş
			<u> </u>	_ `
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	lice address on or e:	ur records, <u>enter the</u>	name of the	<u>new</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida sweet address			
	, Florida			
	City		Zip Cocle	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	ste performance o rovided for in Cha	f my duties, and I am apter 608, F.S. Or, if t	familiar with a his document is	nd
If Chan	ging Registered Agen	, Signature of New Regist	ered Agent	

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H11000793/81

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:

	Name	<u>Address</u>	Type of Action
_			Add
			Remove
_			— <u> </u>
_			
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			· ·
			Add
			Add
nieli(	ling any other information.		
mieli(	ling any other information,		
ntein.	ling any other information,		
intelte	ling any other information,	enter change(s) here: (Attach additional sheets, i)	
	ling any other information,	enter change(s) here: (Attach additional sheets, i)	
		enter change(s) here: (Attach additional sheets, i)	
	ling any other information,	enter change(s) here: (Attach additional sheets, i)	
	ecember 14	enter change(s) here: (Attach additional sheets, i)	necessary.)