

L11000119895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700216058227

01/11/12--01020--010 \*\*25.00

SEC. OF STATE  
TALLAHASSEE, FLORIDA  
12 JAN 11 PM 2:29  
PM 6M

B. BOSTICK  
JAN 12 2012  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WEST ORLANDO WELLNESS CENTER, 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:

**MANUEL RAMIREZ**  
Name of Person  
**WEST ORLANDO WELLNESS CENTER, LLC**  
Firm/Company  
**907 N PINE HILLS ROAD**  
Address  
**ORLANDO, FL 32808**  
City/State and Zip Code  
**MGRDC10@YAHOO.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MANUEL RAMIREZ** at ( **407** ) **538-5793**  
Name of Person Area Code & Daytime Telephone Number

STATE  
TALLAHASSEE, FLORIDA  
12 JAN 11 PM 2:29  
F11111

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

---

**WEST ORLANDO WELLNESS MEDICAL CENTER, LLC**

---

(Name Limited Liability Company as currently filed with the Florida Dept. of State)

DOCUMENT NUMBER: L11000119855

*Pursuant to the provisions of section 608.411, Florida Statutes, this Florida profit Limited Liability Company adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

**ARTICLE 1 NAME**

The NAME OF THE Limited Liability Company is:

**WEST ORLANDO WELLNESS CENTER, LLC**

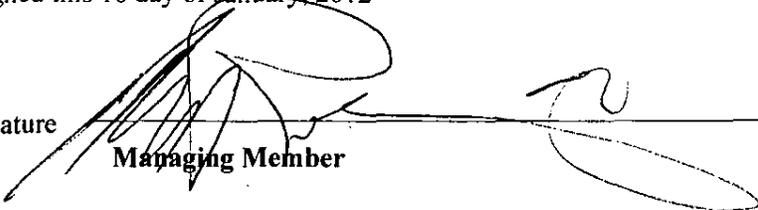
**SECOND:** The date of each amendment's adoption: January 1, 2012

**THIRD:** Adoption of Amendment(s)

The amendment(s) was/were approved by the Managing Member(s).

Signed this 10 day of January, 2012

Signature

  
Managing Member

---

12 JAN 11 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PM 11