

L11000119895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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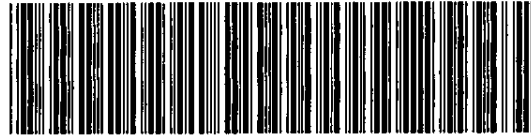
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

Name of Person

at ( 407 )

**538-5793**

Area Code & Daytime Telephone Number

STATE  
TALLAHASSEE  
FLORIDA

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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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**WEST ORLANDO WELLNESS MEDICAL CENTER, LLC**

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(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**

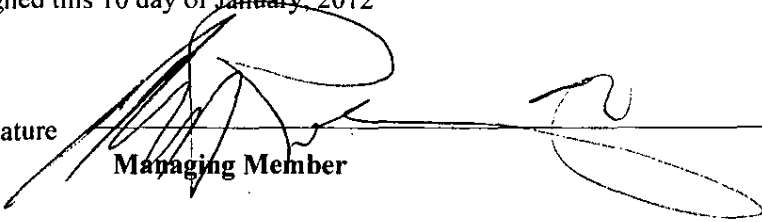
**SECOND:** The date of each amendment's adoption: January 1, 2012

**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

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