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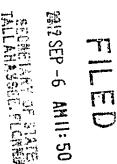
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J. BRYAN

SEP - 7 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	JECT: L.PC Mr. A genur (LLC Name of Limited Liability Company	
The en	enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Name of Person	SEP SE MILEO
	LPC Massagement, LLC Firm/Company	.50
	15277 Andry Arive	
	City/State and Zip Code City/State and Zip Code City/State and Zip Code Con E-mail address: (to be used for future annual report notification)	
For fur	urther information concerning this matter, please call:	
	Name of Person at (8/3) 97/-/688 Area Code & Daytime Telephone Number	num Bill Salahorum
Enclos	osed is a check for the following amount:	
\$25	(additional copy is enclosed) Certified C	of Status &

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

LPC Managem	ut LLC
(Name of the Limited Liability Company (A Florida Limited Liability	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L//000/14438</u> . 4	were filed on 12/27/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and end with the words "Limited liabile and end with the words "Li	
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P/A
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
NOT TO BE A SECOND OF THE POPULATION OF THE POPU	

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, 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		
<u>vP</u>	Panela Cerillo	17203 Enerald Chrise SR Trups, FL 3364>	Add Remove		
			Add Remove 		
			Add Remove		
			Add Remove		
			Add Remove		
<u></u>			Add Remove		
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)			
			ີ. - ປາ		
Dated	Louis P.	or authorized representative of a member			

Page 2 of 2

Filing Fee: \$25.00