

#L/20000/7558

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(Address)

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FILED
12 APR 26 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
APR 30 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Requesting
New:
Name

Life Style Vacation Retreats by
MediCoreX
Healthy Horizons, L.L.C.
Name of Limited Liability Company

I think you
need this
info first

(was old:
Lifestyle Vacation Ret
by MediCoreX, L

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Corso

Name of Person

Healthy Horizons, LLC

Firm/Company

1167 S. Hillsboro Mile 616F

Address

Hillsboro Bch, FL 33062

City/State and Zip Code

ghenm @ bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Corso

Name of Person

at (561) 789-3553 (cell)

Area Code & Daytime Telephone Number

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**

Life Style Vacation Retreats by Medi-Care
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
12 APR 26 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/03/2012 and assigned
Florida document number L12000017558

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Healthy Horizons, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1350 N. Ocean Blvd, Suite 10th floor
Pompano Bch, FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|--|---|
| MGRM | DOROTHEA Nescht | 1350 N. Ocean Blvd Pompano Bch FL 33062 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Mitchell Chen | 1467 S. Hillsboro Mile 6th F Hillsboro Bch FL 33062 1350 N. Ocean Blvd, Suite 10 th FL Pompano Bch, FL 33062 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated 4 / 22, 2012.


Signature of a member or authorized representative of a member

Nancy Corso
Typed or printed name of signee