

L12000035985

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EXAMINER



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12 DEC 10 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Total Age Management, 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:

Jeffrey L. Cohen

Name of Person

The Florida Healthcare Law Firm

Firm/Company

909 S.E. 5th Avenue, Suite 200

Address

Delray Beach, FL 33483

City/State and Zip Code

jcohen@floridahealthcarelawfirm.com

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

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12 DEC 10 PM 3:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Robert Fast

Name of Person

561 455-7700

at ()

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**

Total Age Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 13, 2012 and assigned
Florida document number L12000035985

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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

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)

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:

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

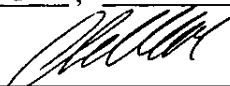
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Total Holding Company, LLC	11000 PROSPERITY FARMS ROAD STE 202	<input type="checkbox"/> Add
		PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Remove
MGRM	Total Holding Assets Company, LLC	11000 PROSPERITY FARMS ROAD STE 202	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

The Sole Member and Manager of Total Age Management, LLC
is Total Holding Assets Company, LLC.

Dated

DECEMBER 6, 2012


Signature of a member or authorized representative of a member

CLIFFORD GROSS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00