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2 SEP 17 PM 2: 41 EURETARY OF STATE MIT MIASSEE, FLORIDA

K.SALY EXAMINER SEP 18 2012

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED"
12 SEP 17 PM 2:45

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HEALTH TO	P Thorec	CLSA	SECRETARY OF STA
(Name of the Limited Liabilit (A Florida	y Company as it now app Limited Liability Compan	ears on our recor y)	<u>ds.</u>)
The Articles of Organization for this Limited Liability of Florida document number	Company were filed on	9/10/1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :	
The new name must be distinguishable and end with the we "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		mpany," the design	ation "LLC" or the abbreviation
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		n our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida sti	reet address
		Flo	rida
	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

: 4

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
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D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
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	HEALTH TOP	TRAVEL BENICA S.L MIENTO NUMERO 2	<u>-</u>
	URDAMZA CION	EL SOTO DE LAMON	ALOTA
_	G 2 1 1 2 2		_
Dated	September B. D	<u>12</u> .	
	Signature of a member	or authorized representative of a member	
		or printed name of signee	
	Typed	or printed name of signee	

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