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(Re	equestor's Name)	, , , , , , , , , , , , , , , , , , ,
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

MAP TO HEALTH 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:

ROBERT J SOSSIN

Name of Person

ROBERT J SOSSIN PA

Firm/Company

4330 Sheridan Street, Ste. 202B

Address

Hollywood, FL 33021

City/State and Zip Code

RSOSSIN@ROBERTJSOSSINPA.COM

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

For further information concerning this matter, please call:

ROBERT J SOSSIN

954 342-5981

Name of Person

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)

Certificate of featus & Certified Cory (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

MAP TO HEALTH 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 $\frac{02/25/2013}{1}$ and assigned Florida document number <u>L13000028873</u> 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." 915 MIDDLE RIVER DRIVE, STE 114 Enter new principal offices address, if applicable: FT. LAUDERDALE, FL 33304 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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> **Address Type of Action** <u>Name</u> Paul Pellinger 8930 State Road 84, #168 MANY Davie, FL 33324 Remove Remove Remove Remove

. If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
Dated July 5	2013
	member or authorized representative of a member
Signature of a	member or authorized representative of a member
ROBERT J SOSSIN	
	Typed or printed name of signee

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Filing Fee: \$25.00