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(Re	equestor's Name)	
(Ac	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	. MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AAA Health Group 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:
Sanice Fuentes Name of Person
Firm/Company
371 Apostie's Way
Santa 205a Beach, FL 32459: City/State and Zip Code Janicefuentes 30 gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tonice Fuentes at (787) 600-9958 Name of Person Area Code Daytime Telephone Number
For further information concerning this matter, please call:
Name of Person at (787) 600-9958 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AAA Health Group LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now apped Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Compar	ny were filed on <u></u>	October 24,201	_3and assign	ned
Florida document number L13600 150171				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia				
Healing the Nations The new name must be distinguishable and end with the words "L	LLC			
The new name must be distinguishable and end with the words "L "L.L.C."	imited stability Con	npany," the designation "LL	.C" or the at	breviation
27		A		
Enter new principal offices address, if applicable:	<u> </u>		- I 	
(Principal office address MUST BE A STREET ADDRESS)	<u>ĥ</u>	·.:	·	
-		<u></u>		-
		,		
	11	,		
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		69	
	[{			
B. If amending the registered agent and/or registered	office laddress of	n our records, enter th	e name_of	the new
registered agent and/or the new registered office address h		, <u></u>		
	<i>{{</i>			
Many and CNI and Description of Association	}			
Name of New Registered Agent:				
New Registered Office Address:		·		
		Enter Florida street addre:	2.2	
	-	Florido		
	City	, Florida	Zip Code	
	<i>0,</i>			

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name <u>Address</u> Type of Action MGR LHS Health Corp 13501 SW 128th Street Uni+104 Hiami, FL 33186

D,	If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,	· · · · · · · · · · · · · · · · · · ·
E. (If	Effec an eff	tive date, if other than the date of filing:
Da	ted	January 4, 2014
		Signature of a member or authorized representative of a member
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

January 26, 2014

Barbara Bostick Regulatory Specialist II Florida Department of State Division of Corporations

Subject: AAA Health Group LLC Ref. Number: L13000150171

On January 4, 2014 we filled an Articles of Amendment to Articles of Organization of AAA Health Group LLC. The amendment was submitted to amend the name of the LLC from AAA Health Group LLC to Healing the Nations LLC. On January 10, 2014 the document was returned for correction since the name was the same as an existing entity.

The principals of Healing the Nations Corporation are the principals of Healing the Nations LLC. We are returning the Articles of Amendment and a scan copy of the resignation of one of our members Mr. Andre Walker, LHS Health Corp for completion of the filling process, as agreed on our phone conversation on January 21, 2014. The check totalling \$55.00 for both fillings was charged to our Wells Fargo Account on January 9, 2014.

Regards,

Adam Tice

Register Agent

Healing the Nations Inc.

Const. III