Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000202513 3)))



HI50002025133ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EGA TOTAL HEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

N. Cuffigura AUG 24 2015

H 1 5 U U U; Z U 4 3 J 3

Articles of Amendment to LLC Articles of Organization of		
EGA Total Health Lu	<u>-</u> C	
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number		
This amendment is submitted to amend the following:		
change all addresses to:	_	
1840 W 49th St Suite # 300	<u>ح</u>	
Higlean, FL 33012-2965		
	_	٠
	-	
	7015	
	A46 2	T]
These articles of amendment were adopted on 8-21-15	œ	ر
Dated8-21-15	37	
Dated		
Signature of a member or authorized representative of a member		
LLIGANI RAMOS Typed or printed name of signee	}	
Typed or printed name of signee	1	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	1	
Signature of New Registered Agent, if changing		