L20000194534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC 13 AM 9:05

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 13 PM 12:50

December 2, 2021

DANNY FRANCOIS
20779 NW 3RD ST.
PEMBROKE PINES, FL 33029

SUBJECT: HEALTHY LIVING MEDICAL CENTER, LLC
Ref. Number: L20000194534

We have received your document for HEALTHY LIVING MEDICAL CENTER, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT WAS NOT COMPLETED. NO TITLE OR TYPE OF ACTION WAS SELECTED.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 121A00028973

TO: **Registration Section**
Division of Corporations

SUBJECT: HEALTHY LIVING MEDICAL CENTER, 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:

Danny Francois
Name of Person

Firm/Company

20779 NW 3rd St
Address

Pembroke Pines FL 33029
City/State and Zip Code

dannycaf24@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anide Telfort at (786) 512-4095
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)
- ☐ $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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

HEALTHY LIVING MEDICAL CENTER, 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 04/18/2021 and assigned Florida document number L20000194534.

This amendment is submitted to amend the following:

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

NuLife Wellness Center, LLC

The new name must be distinguishable and contain 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)

20779 NW 3rd ST
Pembroke Pines FL 33029

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: Danny Francois

New Registered Office Address: 20779 NW 3rd ST
Enter Florida street address

Pembroke Pines, **Florida** 33029
City *Zip Code*

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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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Danny Francois	20779 NW 3rd St	☒ Add
		Pembroke Pines FL 33029	☐ Remove
			☐ Change
MGR	Anide Telfort	2150 NW 91 ST TER	☒ Add
		Pembroke Pines FL 33024	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/03/2021

DFrancois

Signature of a member or authorized representative of a member

Danny Francois

Typed or printed name of signee