K20000194534

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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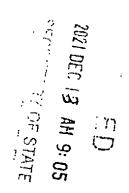
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FLORIDA DEPARTMENT OF STATE LEC 13 PH 12: 50 Division of Corporations

Letter Number: 121A00028973

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

www.sunbiz.org

Registration Section TO: Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Danny Francois			
		Name of Person		
		Firm/Company	<u> </u>	
	20779 NW 3rd St			
		Address		
	Pembroke Pines FL 33029			
		City/State and Zip Code		
	dannycaf24@yahoo.com			
For further information co	t:-mail address: (neerning this matter, please c	to be used for future annual reall:	eport notification)	
Anide Telfort		786 512-	4095	
Name of	Person	Area Code	Daytime Telepho	one 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 enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Add	trocs:	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 1.20000194534 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) 20779 NW 3rd ST Enter new mailing address, if applicable: Pembroke Pines FL 33029 (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 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/

م بد

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.

City

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MER	Danny Francois	20779 NW 3rd St	DXAdd
		Pembroke Pines FL 33029	□Remove
MGR	Anide Telfort	2150 NW 91 ST TER	Add
		Pembroke Pines FL 33024	□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Remove
			□Change

	
E ffec If an e	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docui	ment's effective date on the Department of State's records.
e reco	ord 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 filed.
Dated	11/03/2021
	1) d- on 10 1 / 10
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member