

L09000099132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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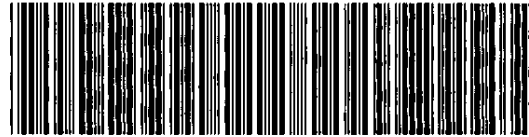
(Business Entity Name)

(Document Number)

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10 SEP 20 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 21 2010

EXAMINER



Pain Management & Wellness

3450 E Fletcher Ave Ste 230, Tampa, FL 33613 813-443-2151 phone 813-374-0182 fax

Sept. 15, 2010

To whom it may concern,

Please find enclosed our Amendment for our Articles of Organization and a check for \$25.00. Please give us a call if you have any questions.

Best Regards,

Kelly O'Shea
Managing Member

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Wellness Clinic, LLC
Name of Limited Liability Company

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10 SEP 20 PM 3:20
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TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly O'Shea
Name of Person
American Wellness Clinic, LLC.
Firm/Company
3450 E. Fletcher Ave, Suite 230
Address
Tampa, FL 33613
City/State and Zip Code
americanwellnessclinic@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly O'Shea at 813, 443-2151
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

American Wellness Clinic

(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 Oct 7, 2009 and assigned
Florida document number 209000099132

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3450 E. Fletcher Ave
Suite 230
Tampa, FL 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3450 E. Fletcher Ave
Suite 230
Tampa, FL 33613

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:

New Registered Office Address:

Kelly L O'Shea
3450 E. Fletcher Ave Suite 230
Enter Florida street address
Tampa, Florida 33613
City Zip Code

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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

X Dated 9-15-10, _____.



 Signature of a member or authorized representative of a member
Kelly L O'Shea

 Typed or printed name of signee