# 11600113655

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NUS 1 5 2016 J. HARRIS

# **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Vew Life Restoration Center Lice 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:
New We Person  New We Person  New We Person  Firm/Company  By Address  West Poly Seach II 3.3415  City/State and Zip Code  Clipch. Eliss. Stock O smail. com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Elyde Eless at (5d) 420-2118  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$ 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

## TO ARTICLES OF ORGANIZATION **OF**

NEW / fe restorate (Name of the Limited Liability Co.) (A Florida Lir	Company as it now appear nited Liability Company)	s on our records.	)		<del></del>	
The Articles of Organization for this Limited Liability Com	pany were filed on	6/28/2	2016	ano	d assign	ed .
Florida document number <u>L 16000 12365.</u>	5	7			J	
This amendment is submitted to amend the following:						
A. If amending name, <u>enter the new name of the limited</u>	l liability company he	ere:				
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC"	or the abl	oregiatio	n "L.L.C	
Enter new principal offices address, if applicable:				μ	r Lepta 7 E	
Principal office address MUST BE A STREET ADDRES	(2:		91-	<del></del>		
- morphic office with the state of the state				:/3		**
			- , - ;		, H L	
				=	E	•
Enter new mailing address, if applicable:			- 원류			
Mailing address MAY BE A POST OFFICE BOX)		·	7.5			<del></del>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records,	enter 1	the na	me of	the new
Name of New Registered Agent:						
New Registered Office Address:	Enter Flor	ida street address				
		. Flor	ido			
	City	, FIOR	IUN	Zip C	Code	<del>,</del>
New Registered Agent's Signature, if changing Registered A	gent:					

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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Medor, FredyTo	1855 Polo lakes Dr E	Add
		1855 Polo Lakes Dr E Mellyton, FL 33414	Remove
			Change
			□ Add
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Note: If the date inserted in document's effective date of	date must be specific and cannot be prior to date of filing or more than 90 da in this block does not meet the applicable statutory filing requirement on the Department of State's records.	nts, this date will not be listed as t
Dated <u>\$ \ 5 \ </u>	<u>7016</u> .	
7-1		7 C)
	Signature of a member or authorized representative of a member	
	T1: 1 -1 \	第 5 <u>1</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Typed or printed name of signee	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	J Typed of printed fiame of signee	, <del>- '</del> ഗ <del> ' ല</del> ോടു
	Page 3 of 3	PATE 16

Filing Fee: \$25.00