

206000069186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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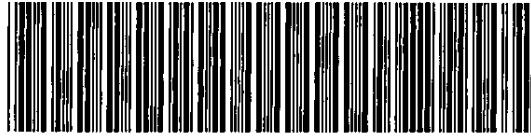
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL WELLNESS CLINIC 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:

DENNIS AGLIANO MD
(Name of Person)

TOTAL WELLNESS CLINIC LLC
(Firm/Company)

5105 N Armenia Ave
(Address)

Tampa FL 33603
(City/State and Zip Code)

For further information concerning this matter, please call:

Dan Conway at (813) 879-8045
(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**

FILED
07 APR -2 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL WELLNESS CLINIC LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 7/11/2006 and assigned
document number L06-69186

SECOND: This amendment is submitted to amend the following:

I WOULD LIKE THE NAME CHANGED FROM TOTAL WELLNESS CLINIC LLC
TO TOTAL FACIAL & WELLNESS CLINIC LLC

Dated 3/23/07, _____



Signature of a member or authorized representative of a member

Dan Conway

Typed or printed name of signee

Filing Fee: \$25.00