

LO7000068456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

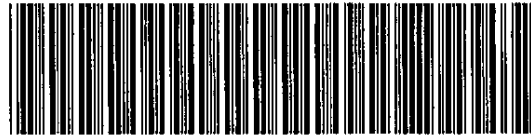
(Document Number)

Certified Copies _____ Certificates of Status _____

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R. A. Sign

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAR 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2017

MARGARET A SALITURO
3516 ENTERPRISE WAY, SUITE 7
GREEN COVE SPRINGS, FL 32043

SUBJECT: LIVE WELL DRUGSTORE, LLC
Ref. Number: L07000068456

We have received your document for LIVE WELL DRUGSTORE, 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):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00005128

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIVE WELL DRUGSTORE, 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:

MARGARET A SALITURO

Name of Person

LIVE WELL DRUGSTORE, LLC

Firm/Company

3516 ENTERPRISE WAY SUITE 7

Address

GREEN COVE SPRINGS, FL 32043

City/State and Zip Code

MEG@BIOWORX.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGARET A SALITURO

904 531-3030
at () _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LIVE WELL DRUGSTORE, 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 6/29/2007 and assigned
Florida document number L07000068456.

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 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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

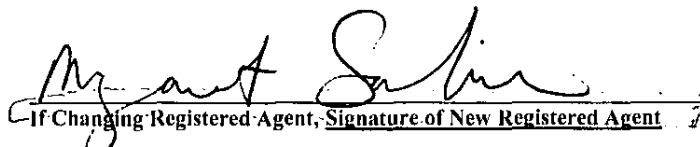
Name of New Registered Agent: MARGARET A SALITURO

New Registered Office Address: 3516 ENTERPRISE WAY SUITE 7
Enter Florida street address

GREEN COVE SPRINGS, Florida 32043
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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Douglas V Bowes	3516 Enterprise Way	<input type="checkbox"/> Add
		Suite 7	<input type="checkbox"/> Remove
		Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change
MGR	Margaret A Salituro	3516 Enterprise Way	<input type="checkbox"/> Add
		Suite 7	<input type="checkbox"/> Remove
		Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows, suggesting it's a scan of a physical document. There is no handwriting or other markings on the page.

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.

Dated March 3, 2017.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA