

LD 000058043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

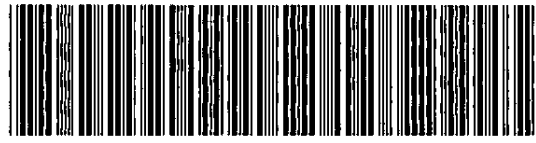
(Document Number)

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G. MCLEOD  
EXAMINER



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*Corp*

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DIVISION OF CORPORATION  
09 SEP 17 PM 1:25

G. MCLEOD  
SEP 21 2009  
EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Gainesville Wellness Center  
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:

Akemi Meeks Borjas  
Name of Person

Gainesville Wellness Center  
Firm/Company

5127 NW 39<sup>th</sup> Ave  
Address

Gainesville FL 32606  
City/State and Zip Code

akemi borjas@gmail.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Akemi Meeks Borjas at (352) 870-4194  
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

Gainesville Wellness Center

(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 6/12/08 and assigned Florida document number L08000058043.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATION  
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Enter new mailing address, if applicable:

(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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:

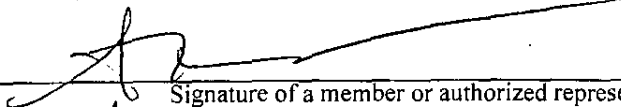
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Adding amendment to Articles: see attached  
for details -

Dated 08/31/09

  
Signature of a member or authorized representative of a member

Akemi Meeks Borjas  
Typed or printed name of signee

Gainesville Wellness Center, LLC

9/16/09

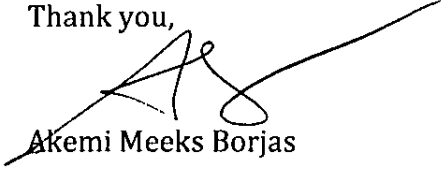
Dear Sir or Madam:

Please file the following amendment to the Articles of Organization:

"The process to dissolve the LLC shall include the following:

A special meeting shall be scheduled and the matter of dissolution shall be raised to a vote. A majority of members (3 of 4) must be in approval of dissolution for the item to pass. If the item is passed, the LLC shall be dissolved and the state of Florida shall be notified as required by law."

Thank you,



Akemi Meeks Borjas

5127 NW 39<sup>th</sup> Ave  
Gainesville, FL 32606

Managing Member

352-870-4194