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SECRETARY OF STATE

D. BRUCE

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EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT:	sco Health &	Wellness (CC nited Liability Company)	·
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
		-	
rieașe return au corresp	ondence concerning this matter	r to the following:	
	Justin S	Pieae (Name of Person) H ' Wellness (Firm/Company)	
		(Name of Person)	
	Pasco Heal	the Willness	
		(Firm/Company)	·
	29515 Ta	insy Pass	
		(Address)	
	Wesley Ch	(Address) (Address) (City/State and Zip Code)	HOV 21 /
	,	(City/State and Zip Code)	in the second of
For further information of	concerning this matter, please o	call:	FSTATE STATE
Tillia Sau	inel	602 a-1 Que.	、 意用 &
Justin Sple	of Person)	at (<u>813) 751 - 946</u> (Area Code & Daytime T	Valenhona Number)
(realic	oy r crson)	(Alea Code & Dayume 1	erepriorie reunioer)
Enclosed is a check for t	he 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:

TO:

Registration Section

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

Registration Section Division of Corporations PO BOX 6327 Tallahessee FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Augus Florida document number 408000081326 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) 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) (City)

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 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> Name Address **Type of Action** Craig Vecchiarelli ☐ Add Remove Remove Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a prember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00