

LD8 000093326

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(City/State/Zip/Phone #)

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10/05/09--01008--003 \*\*1

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT -5 AM 10:59

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T. CLINE

OCT - 6 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cardone Energy Solutions 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:

Kate Ward  
Name of Person

Firm/Company  
400 Cleveland St. Suite 800  
Address

Clearwater FL 33755  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kate Ward at (727) 461-1070  
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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cardone Energy Services 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 10/01/08 and assigned  
Florida document number LD 800000 93 326.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Institute for Health and Wellness LLC.

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)**

400 Cleveland St  
Suite 800  
Clearwater FL 33755

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

400 Cleveland St  
Suite 800  
Clearwater FL 33755

**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:

Monica Cardone

New Registered Office Address:

701 Bayview Dr.

Enter Florida street address

Belleair

City

Florida

33756

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>
MGR	Gary Cardone	701 Bayview Dr. Belleair FL 33758	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Eric Berg	400 Cleveland St. Suite 800 Clearwater FL 33755	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<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)

Dated September 30, 2009

Signature of a member or authorized representative of a member

Eric Berg

Typed or printed name of signee

RECEIVED  
CLERK OF DISTRICT COURT  
2100 0615  
AM 10:59