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TALLAHASSEE, FLORIDA

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Institute for Health and Wellness, 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:

Rori Christensen
Name of Person
Firm/Company
401 Cleveland Street, Ste. 264
Address
Clearwater, FL 33755
City/State and Zip Code
angelatrone@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Angela Trone at (727) 4611089
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**

The Institute for Health and Wellness, 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 10/27/2010 and assigned Florida document number L08000093326.

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)

611 S. Fort Harrison Ave. #231
Clearwater, FL 33756

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

611 S. Fort Harrison Ave. #231
Clearwater, FL 33756

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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:

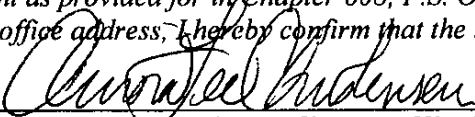
Name of New Registered Agent: Rori Christensen

New Registered Office Address: 401 Cleveland Street, Ste. 264
Enter Florida street address

Downtown Clearwater, Florida 33755
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>
MGR	Monica Cardone	400 Cleveland Street Suite 800 Clearwater, FL 33755	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Peter Schrancher	Wade Hill Farm Hill Street Calmore, Southampton UK SO402RX	<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

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

Dated 11/25/2010



Signature of a member or authorized representative of a member

Rori Christensen

Typed or printed name of signee