

LO8000096252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

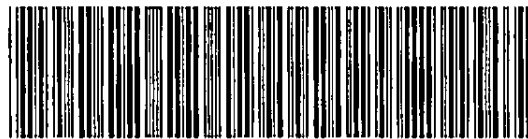
(Business Entity Name)

(Document Number)

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2017 SEP 13 PM 1:49
U.S. DEPT. OF JUSTICE
FBI MASSACHUSETTS

K. SALY
SEP 15 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELLNESS PROGRAM SERVICES 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:

ISARA PALOMINO-GINESTA

Name of Person

WELLNESS PROGRAM SERVICES LLC

Firm/Company

12555 ORANGE DRIVE - BLDG #4041

Address

DAVIE, FL 33330

City/State and Zip Code

IPG@TRUSIL.COM

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

For further information concerning this matter, please call:

ISARA PALOMINO-GINESTA

800 565-1220
at ()

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**

WELLNESS PROGRAM SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/10/2008 and assigned
Florida document number 1.08000096252

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)

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:

ISARA PALOMINO-GINESTA

New Registered Office Address:

12555 ORANGE DRIVE - BLDG 4041

Enter Florida street address

DAVIE

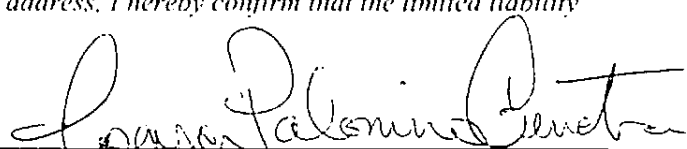
City

Florida 33330

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> |
|--------------|------------------------|--------------------------|--|
| MGRM | ISARA PALOMINO-GINESTA | 12555 ORANGE DRIVE | <input checked="" type="checkbox"/> Add |
| | | BLDG #4041 | <input type="checkbox"/> Remove |
| | | DAVIE, FL 33330 | <input type="checkbox"/> Change |
| MGRM | SARA GINESTA | 18331 PINES BLVD | <input type="checkbox"/> Add |
| | | BLDG 125 | <input checked="" type="checkbox"/> Remove |
| | | PEMBROKE PINES, FL 33029 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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CLERK OF DISTRICT COURT
JALAHAD

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

MEMBERSHIP INTEREST / MEMBER OWNERSHIP:

JEFFREY TARADAY 51%

ISARA PALOMINO-GINESTA 29%

WILLIAM KUO 10%

ANDREW PRIBYL 10%

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JANINE S. KIRBY

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

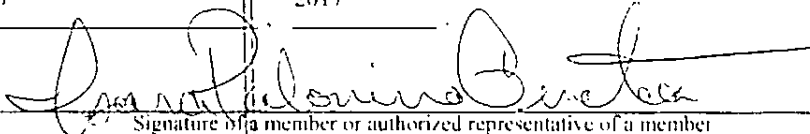
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 6

2017



Signature of a member or authorized representative of a member

ISARA PALOMINO-GINESTA

Typed or printed name of signee