

LD8000 104956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

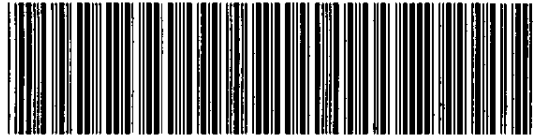
LD8-104956

(Document Number)

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09 AUG 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. G. G. AUG 12 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nuori 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:

Jodi Willner

Name of Person

Nuori LLC

Firm/Company

3720 Tampa Rd.

Address

Palm Harbor, FL 34685

City/State and Zip Code

Jonuori@willnermd.com

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

For further information concerning this matter, please call:

Jodi Willner

Name of Person

at (727)

612-3645

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2009

JODI WILLNER
3720 TAMPA ROAD
PALM HARBOR, FL 34685

SUBJECT: NUORI LLC
Ref. Number: L08000104956

We have received your document for NUORI LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 009A00026921

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Nuori LLC

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

FILED
09 AUG 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/2/09 and assigned
Florida document number L08000104956.

This amendment is submitted to amend the following:

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

Nuori Clinic 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)

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:

Jodi Willner

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.

Jodi Willner
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>
Manager	Luginski, David	3720 Tampa Rd palm harbor, Fl. 34684	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jodi Willner	3720 Tampa Rd palm harbor Fl. 34684	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Lori Hughes	3720 Tampa Rd P.H. Fl. 34684	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jodi Willner	3720 Tampa Rd palm harbor Fl. 34684	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Lori Hughes	3720 Tampa Rd palm harbor Fl. 34684	<input type="checkbox"/> Add <input checked="" 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 Aug. 10th, 2009

Lori Hughes

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
09 AUG 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA