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EXAMINER

COVER LETTER

SUBJECT: Palm Be	each Wellness Cent	ter LLC ited Liability Company)		0	
	Amendment and fee(s) are sub	_			
Please return all correspon	ndence concerning this matter	to the following:			
	Chad Durnan				
		(Name of Person)			
	Palm Beach Wellness Co	enter LLC			
		(Firm/Company)			
	7130 S. Military Trail				
		(Address)			
	Lake Worth, FL 33463			2009 MAR 16 SECRETAR TALLAHASS	a servici Mile
		(City/State and Zip Code)		HAR HAR	
For further information co	oncerning this matter, please c	rall:		16 PM IZ: 23	paradit
Chad Durnan		at (_561) 429-3973		<u> </u>	Mar
(Name c	of Person)	(Area Code & Daytime T	elephone Number	23	
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	I

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Palm Beach Wellness Center 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 Jan. 13th, 2009 and assigned Florida document number <u>L09</u>000004019 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Palm Beach Wellness Center PLLC 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 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 = 1 MGRM	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			. ₫ Add ₫ Remove
			ZIIII
			Addle Remeye 23
			☐ Add ☐ Remove
D. If am	-	nange(s) here: (Attach additional sheets, if necessary.)	
	OVO FOSSIONAL S	ssify as a Professional Limited Liability Company. SERVICES ORE WEDICES	rvices,
			- -
Dated <u>Ma</u>	Ch	mber or authorized representative of a member	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00