

L09000019475

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(Address)

(Address)

(City/State/Zip/Phone #)

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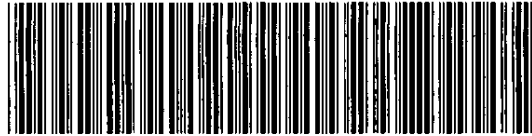
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. HAWKES
NOV 13 2009
EXAMINER

S. HAWKES

NOV 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHINESE HEALING ARTS, 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:

Lady Melody Clancy
Name of Person
Act Now Wellness Center II
Firm/Company
209 A Rubens Drive
Address
NOKOMIS FL 34275
City/State and Zip Code
Dr. Clancy@actnowcenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lady Melody Clancy at (941) 544-3330
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**

CHINESE HEALING ARTS, L.L.C

(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 Feb 26, 2009 and assigned
Florida document number LC09000019475.

This amendment is submitted to amend the following:

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

ACT NOW WELLNESS CENTER II, 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)

2 SORRENTO DRIVE
OSPREY FL 34229

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

209 A RUBENS DRIVE
NOKONIS FL 34275

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:

LADY MELODY CLAWAY

New Registered Office Address:

209 A RUBENS DRIVE

Enter Florida street address

NOKONIS

City

Florida

34275

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.

Lady Melody Claway
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>
<u>MGR</u>	<u>DANNY JACKSON</u>	<u>P.O. BOX 554</u> <u>HERNANDO, FL 34442</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>MELANIE JACKSON</u>	<u>P.O. BOX 544</u> <u>HERNANDO, FL 34442</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>LADY MERODY CLANCY</u>	<u>209A RUBENS DRIVE</u> <u>NOKOMIS FL 34275</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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FLORIDA
TALLAHASSEE

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

Dated NOVEMBER 9TH, 2009.

Lady Merody J. Clancy
Signature of a member or authorized representative of a member
LADY MERODY J. CLANCY
Typed or printed name of signee