

L0900006322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

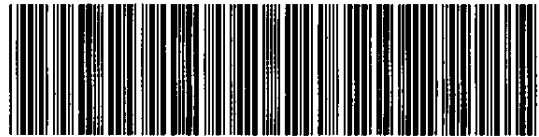
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

DEC 15 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RINASCITA Wellness Center
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:

Dr. Michael LoGuidice
Name of Person

RINASCITA Wellness Center
Firm/Company

21748 SR #54 suite #102
Address

Lutz, FL 33549
City/State and Zip Code

rinascitawellnesscenter@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Michael LoGuidice at (813) 406-4978
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 1, 2009

MICHAEL LOGUIDICE
2174/8 SR 54
102
LUTZ, FL 33549

SUBJECT: RINASCITA WELLNESS CENTER LLC
Ref. Number: L09000061322

We have received your document for RINASCITA WELLNESS CENTER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 709A00036845

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Rinascita Wellness Center LLC

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

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on June 23, 2009 and assigned
Florida document number 209000061322

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)

21748 STATE RD #54
SUITE #102
LUTZ, Florida 33549

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21748 STATE RD #54
SUITE #102
LUTZ, FLORIDA 33549

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:

Dr. Michael LoGuidice
Rinascita Wellness Center
21748 SR 54 SUITE #102
Lutz, Florida 33549
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.

[Signature]
Signature

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:

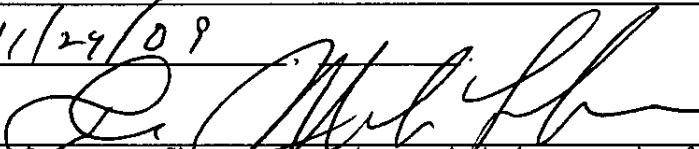
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Dr. Hrish Patel	21748 SR #54 Suite 102 Lutz, FL 33549 813-406-4978	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Dr. Zakaria Razak	21748 SR #54 Suite 102 Lutz, FL 33549 813-406-4978	<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

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

Dated

11/29/09


Signature of a member or authorized representative of a member
Dr. Michael Lo Guiza

Typed or printed name of signee

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DIVISION OF CORPORATIONS