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PICK-UP	MAIT	MAIL	
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Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
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**EXAMINER** 



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IT DEC 29 AM IO: 34.
SECRETARY OF STATE

December 26, 2011

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Adding Dr. Eric Groteke as New Member

To Whom It May Concern:

Please accept this correspondence as adding an addition member to our Professional Limited Liability Company.

Thanking you in advance for your consideration.

Sincerely,

Glen C. Pettersen, DC

727-871-8750

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ECT:	Wellness W	oRx Center, PLLC	
		Name of Lim	ited Liability Company	
The en-	closed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please	return all correspon	dence concerning this matte	r to the following:	
			Eric Groteke, DC	
			Name of Person	
		Welli	ness WoRx Center, PLL	<b>c</b>
			Firm/Company	
2495 Enterprise Rd., Suite 104		)4		
			Address	<u>.</u>
		(	Clearwater, FL 33763	
			City/State and Zip Code	
			egroteke@gmail.com	
			to be used for future annual report	notification)
For furt	ther information co	ncerning this matter, please of	call:	•
•	Eric (	Groteke, DC	at ( 727 )	424-6684
	Name of	Person	Area Code & Da	ytime Telephone Number
Enclose	ed is a check for the	following amount:		
<b>\$25.</b>	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive	rporations g

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

vveilnes	ss vvokx Center, PLL	<u>.C</u>		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liabilit  Florida document number	y Company were filed on		and assi	gned
This amendment is submitted to amend the following	z:			
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "Ll	LC" or the a	obreviatio
Enter new principal offices address, if applicable:		ŗ		
(Principal office address MUST BE A STREET AD	DRESS)			1 1
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Enter new mailing address, if applicable:		5	င်္ဂ နှ	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		3 L	
	· · · · · · · · · · · · · · · · · · ·		<del>*</del>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter th	e name of	the nev
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	En	ter Florida street addre	ess	
		, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Dr.</u>	Eric Groteke	2495 Enterprise Rd. Suite 104 Clearwater, FL 33763	Add Remove
			Add Remove
			Add Remove
<del></del> ,			,. Add Remove
			AddRemove
			Add Remove
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sheets, if necessa	ary.)
_			<del></del>
Dated	December 26		
	Signature	of a member or authorized representative of a member	
		Glen C Pettersen, DC	
		Typed or printed name of signee	· ·

Page 2 of 2

Filing Fee: \$25.00