Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000182978 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

: (305)444-4994

Fax Number

: (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEQUOIA WELLNESS GROUP, LLC.

Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Istimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

AUG 17 201013/2010

EXAMINER

FILED W 8: OH

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seguoia Name of the Limit	(1 Liability Company as 8 now appears on our resords) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number <u>L10000</u>	d Liability Company were filed on 5 24 10 and assigned 056064
This amendment is submitted to amend the fo	ollowing:
A. If amending name, enter the new name DISCOVERY COLOSC The new name must be distingulable and end of "LLC."	e of the limited liability company here: Ing and Education Services, Company," the designation "LLC" or the abbreviation
B. If smending the registered agent and registered agent and/or the new registered	d/or registered office address on our records, enter the name of the new office address here:
Name of New Registered Agent	Cristing Varely 10810 Sw 72°d S+ #164 (Enter Florida street address) Migmi , Florida 33173 (City) (Clip Code)

New Registered Agent's Signature, if changing Registered Agents

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 Regulated Agent, Stenature of New Registered Agent)

MGR = Manager

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:

MGRM = Managing Member Title Name Address Type of Action MGRM Fabiola Garcia .∏ Add ☐ Add Remove Remove Remove Remove __Add Remove D. If amending any other information, enter change(s) here: (ditach additional sheets, if necessary.) 5

Typed or printed name of signov
Page 2 of 2

Signature of a mem

ier or muthorized representative of a member