

L10000063152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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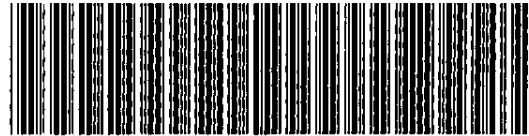
(Business Entity Name)

(Document Number)

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FILED
2010 NOV 29 PM 3:40
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 30 2010

EXAMINER

Florida Department of State
Division of Corporations
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 20, 2010

To Whom This May Concern,

I am writing this letter to inform you that I am removing myself, Brandon Jay Martin, M.D, from the Martin & Martin Health and Wellness Center, L.L.C. I am no longer a Member of the L.L.C. Aimee Joy Martin, M.D. MHA is 100% Owner of Martin & Martin Health and Wellness Center, L.L.C. Included in this packet are the corrections to be made for the L.L.C. Also, a check for \$60.00 is included for the appropriate costs for the filing fee, Certificate of Status and for a Certified Copy.

Please contact me with any questions or concerns in regards to the changes to the corporation.

Sincerely,

A handwritten signature in black ink, appearing to be "BJM", with a long horizontal line extending to the right.

Brandon Jay Martin, M.D.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Martin & Martin Health and Wellness Center, L.L.C.
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:

Aimee Joy Martin, M.D.MHSA

Name of Person

Martin & Martin Health and Wellness Center, L.L.C.

Firm/Company

2215 53RD AVENUE WEST

Address

BRADENTON, FLORIDA 34207

City/State and Zip Code

mmhwc1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Joy Martin, M.D. MHSA

Name of Person

at (941)

753 - 2500

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**

FILED

2010 NOV 29 PM 4:40

Martin & Martin Health and Wellness Center, 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 June 14th, 2010 and assigned
Florida document number L10000063152

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2215 53RD AVENUE WEST

BRADENTON, FLORIDA 34207

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:

Brandon Jay Martin, M.D.

New Registered Office Address:

2215 53RD AVENUE WEST

Enter Florida street address

BRADENTON

Florida

34207

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]
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

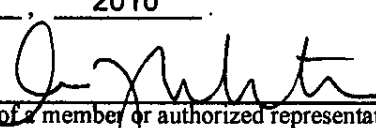
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brandon Jay Martin, M.D.	14209 E. PARSLEY DRIVE MADEIRA BEACH, FLORIDA 33708	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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.)*

We are making Aimee Joy Martin, M.D. MHSA 100% Owner of:

Martin & Martin Health and Wellness Center, L.L.C.

Dated November, 15th, 2010


Signature of a member or authorized representative of a member

Aimee Joy Martin, M.D. MHSA MEMBER MANAGER

Typed or printed name of signee

2010 NOV 29 PM 4:40
TALLAHASSEE, FLORIDA