

L10000100297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600348782436

RECEIVED

JUL 16 2020

07/23/20--01025--018 \*\*25.00

2020 JUL 16 AM 7:40

RECEIVED

AUG 29 2020

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** To Your Health 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:

Robert E. Kramer, Esquire
Name of Person
Firm/Company
555 West Granada Boulevard, Suite A-9
Address
Ormond Beach, FL 32174
City/State and Zip Code
kramerlegal@aol.com
E-mail address: (to be used for future annual report notification)

**For further information concerning this matter, please call:**

Robert E. Kramer at (386) 672-4313

---

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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TO YOUR HEALTH LLC

(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 September 27, 2010 and assigned  
Florida document number L10000100297

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

**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:** N/A

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Managing Member	<u>Donna Ann Joiner</u>		<input type="checkbox"/> Add
	(changing name from Donna A. Stibbins)		<input type="checkbox"/> Remove
	ALL else is same	1000 John Anderson Dr, Ormond Beach, FL 32176	<input checked="" type="checkbox"/> <u>Change</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 6-30- 2020

X Donna Ann Joiner | Donna A. Stibbins  
Signature of a member or authorized representative of a member

Donna Ann Joiner, Managing Member (previously listed as Donna A. Stibbins)

Typed or printed name of signee

# ROBERT E. KRAMER, ESQUIRE

---

ATTORNEY AT LAW

BOULEVARD EXECUTIVE PARK  
555 WEST GRANADA BOULEVARD, SUITE A-9  
ORMOND BEACH, FLORIDA 32174  
[kramerlegal@aol.com](mailto:kramerlegal@aol.com)

---

TELEPHONE (386) 672-4313

July 9, 2020

State of Florida  
Division of Corporations - Reg. Section  
PO Box 6327  
Tallahassee FL 32314

RE: To Your Health LLC

Amendment to change name of sole managing member

Dear Registration Section:

Enclosed is the following for filing with the State:

1. Articles of Amendment to Articles of Organization of TO YOUR HEALTH LLC  
*(This Amendment just changes the name of the sole managing member. The individual is the same person, the name is just changing.)*
2. \$25.00 filing fee

Please mail and/or email ([kramerlegal@aol.com](mailto:kramerlegal@aol.com)) confirmation of the recorded Amendment to me at the above address. Thank you very much for your assistance in this matter. Please do not hesitate to contact me if you have any questions regarding this matter.

Very truly yours,

*Robert E. Kramer*

Robert E. Kramer

REK/jeo  
Enclosure(s)