

L10000012251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

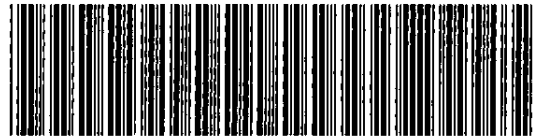
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JAN 18 2011

EXAMINER



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01/14/11--01025--008 **25.00

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11 JAN 14 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOTAL WELLNESS OPTIONS, 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:

JENNY YOSHIDA

Name of Person

TOTAL WELLNESS OPTIONS & QUALITY QUICK CARE

Firm/Company

8815 CONROY-WINDERMERE ROAD, SUITE 249

Address

ORLANDO, FLORIDA 32835

City/State and Zip Code

JENNYOS@YAHOO.COM

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

For further information concerning this matter, please call:

JENNY YOSHIDA

Name of Person

at (407)

451-2724

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**

TOTAL WELLNESS OPTIONS, 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 11/29/2011 and assigned
Florida document number L10000122251.

This amendment is submitted to amend the following:

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

TOTAL WELLNESS OPTIONS AND QUALITY QUICK CARE, LLC

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)

8015 TURKEY LAKE ROAD

SUITE 300

ORLANDO, FLORIDA 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8815 CONROY-WINDERMERE ROAD

SUITE 249

ORLANDO, FLORIDA 32835

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:

8815 CONROY-WINDERMERE ROAD, SUITE 249

Enter Florida street address

ORLANDO

Florida

32835

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, 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>
MGR	OSCAR PALACIOS	1784 ABBOTS HILL DRIVE ORLANDO, FLORIDA 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	OSCAR PALACIOS	8815 CONROY-WINDERMERE ROAD SUITE 249 ORLANDO, FLORIDA 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JENNY YOSHIDA	8815 CONROY-WINDERMERE ROAD SUITE 249 ORLANDO, FLORIDA 32835	<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

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

Dated JANUARY 10, 2011



Signature of a member or authorized representative of a member

OSCAR PALACIOS

Typed or printed name of signee