

L11000007734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

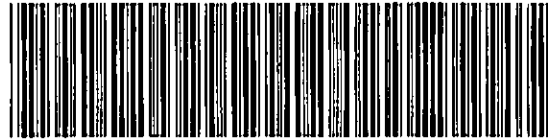
(Business Entity Name)

(Document Number)

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09/24/18--01024--031 \*\*25.00

18 SEP 24 AM 6:13  
SECTION OF STATE  
DIVISION OF CORPORATION

N COOPER

SEP 25 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Imagine Life and 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:

Jeremy Avner  
Name of Person

\_\_\_\_\_  
Firm/Company

1112 Eagles Watch Trail  
Address

Winter Springs, FL 32708  
City/State and Zip Code

javner@nuvivaweightloss.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Avner at (407) 484-5677  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Fl. 32301



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>
MGRM	Fiore, Jason		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

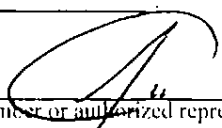
Multiple horizontal lines for amending information.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 24 AM 8:13

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 09/15/18

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jeremy Avner  
\_\_\_\_\_  
Typed or printed name of signee