

L11000084145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

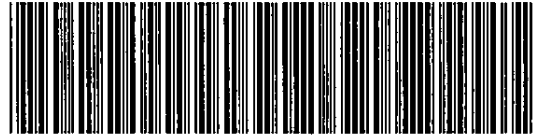
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/13--01015--006 **25.00

FILED
13 MAY 23 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
May 24, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2013

DAWN M. DALILI / BLUEWATER NATURAL HEALTH
PO BOX 516
NICEVILLE, FL 32588

SUBJECT: BLUEWATER NATURAL HEALTH LLC
Ref. Number: L11000084145

We have received your document for BLUEWATER NATURAL HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00009902

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluewater Natural 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:

Dawn M. Dalili
Name of Person

Bluewater Natural Health
Firm/Company

PO Box 516
Address

Niceville FL 32588
City/State and Zip Code

dawn.dalili@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dawn Dalili at (415) 710-8737
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
13 MAY 23 PM 3:25

Bluewater Natural 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 7/21/2011 and assigned Florida document number L11000084145.

This amendment is submitted to amend the following:

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

DMD Wellness

L.L.C.

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)

1507 Valparaiso Blvd

Niceville FL 32578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 516

Niceville FL 32586

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:

[Signature]

New Registered Office Address:

[Signature]

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 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

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

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13 MAY 23 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00