

L11000096245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

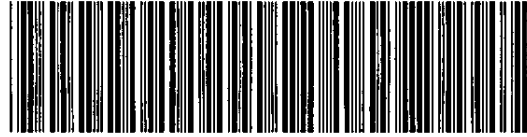
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

AUG 06 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dunn International, 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:

Karen Roth (~~Dunn~~)
Name of Person

Roth Wellness International, LLC
Firm/Company

712 Tropical Circle
Address

Sarasota, FL 34242
City/State and Zip Code

info@Karenroth.CO
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Roth
Name of Person

at (540) 878.7209
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

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TALLAHASSEE FLORIDA

TO
ARTICLES OF ORGANIZATION
OF

Dunn International, 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 8-22-2011 and assigned
Florida document number L11000096245

This amendment is submitted to amend the following:

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

Roth Wellness International, 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)

712 Tropical Circle

Sarasota, FL 34242

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:

Name of New Registered Agent:

Karen Roth

New Registered Office Address:

712 Tropical Circle

Enter Florida street address

Sarasota

City

Florida

34242

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.

Karen Roth

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member 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>
MGR	Steven A. Roth	712 Tropical Circle	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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WASHINGTON, D.C.
20540

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 29, 2014.

Karen Roth

Signature of a member or authorized representative of a member

Karen Roth

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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