

L110000104661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

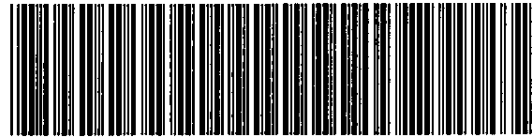
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 15 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENEW WELLNESS, 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:

Kimberly Mitchell
Name of Person
RENEW WELLNESS, LLC
Firm/Company
98 S. FEDERAL HWY.
Address
BOCA RATON, FL 33432
City/State and Zip Code
CLINICAL@RENEWWELLNESSCTR.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KIMBERLY MITCHELL at (561) 620-4798
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 FLORIDA
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RENEW WELLNESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/13/11 and assigned
Florida document number L11000104661.

This amendment is submitted to amend the following:

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

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)

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:

Kimberly MITCHELL

New Registered Office Address:

98 S. FEDERAL Hwy.

Enter Florida street address

BOCA RATON

Florida

33432

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>
MGRM	Charles Mayes	98 S. Federal Hwy BOCA RATON, FL 33432	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lola M. Guerrero	98 S. FEDERAL HWY. BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kimberly Mitchell	98 S. FEDERAL HWY. BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Douglas Barlow	98 S. FEDERAL HWY. BOCA RATON, FL 33432	<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

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

THESE ARTICLES OF AMENDMENT TO BE EFFECTIVE
12/31/11.

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 2011 DEC 14 AM 11:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated December 13th, 2011.

X 

 Signature of a member or authorized representative of a member

 KIMBERLY MITCHELL

 Typed or printed name of signee