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J. SAULSBERRY EXAMINER APR 26 2012

COVER LETTER

SUBJECT: DAKLAND WELLNESS and KEHAL CENTER, 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:
JEAN-LUC MICHEL M.D.
DAKLAND Wellness and Rehab CEnter, LCC
2314 W. OAKLAnd Park blud.
Ft. LAUDENdale FL 33311 City/State and Zip Code
For further information concerning this matter, please call:
For further information concerning this matter, please call:
DR. JEAN-LUC MICHEL at 305 772 2707 TO Area Code & Daytime Telephone Number ST TO TO TO THE TELEPHONE Number ST TO THE T
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

OAKLAND WELLNESS and LEHAL CENTER 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 we Florida document number <u>L12000043</u> 848	ere filed on $\frac{3/29/20}{2}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	v company here:		
AlA			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:	NIA	· 	
(Principal office address MUST BE A STREET ADDRESS)	· <\	10 17	
-	•	PR PR	
Enter new mailing address, if applicable:	NA	25 A	
(Mailing address MAY BE A POST OFFICE BOX)		S S	
· -		35 <u>-</u>	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter	the name of the new	
Name of New Registered Agent:	NA	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Florida street ac	ldress	
	, 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

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 **Title** <u>Address</u> **Type of Action** <u>Name</u> Remove Remove ☐ Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00