L120UV059269

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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: Co	rporate Healt	h and Wellness, LL	.c	
			ed Liability Company		
The en	nclosed Articles of Amendmen	t and fee(s) are subr	nitted for filing.		\$
Please	return all correspondence con-	cerning this matter t	o the following:		支影
		M.H7	John F. Hotte, Esq. Name of Person	NATIONAL CONTRACTOR OF THE STATE OF THE STAT	12 HAY -7 M 8: 23
		Panza,	Maurer & Maynard, P. Firm/Company	Α	`@`
	difference of the second standards	3600 North	Federal Highway, Thir	d Floor	
		Fort Laud	erdale, Florida 33308 City/State and Zip Code	-6225	
		ihott E-mail address: (to	e@panzamaurer.com be used for future annual report	notification)	
For fur	rther information concerning the	nis matter, please ca	11:		
	John F. Hotte,	Esq.	at (390-() Area Code & Da	390-0100 Sytime Telephone Number	
Enclos	sed is a check for the following	amount:			
V \$25		Filing Fee & ificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		`Status &

MAILING ADDRESS:

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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

Corporate Health a	and Wellness.	LLC	
Corporate Health a (Name of the Limited Liability Compa (A Florida Limited I	nv as it now appear Liability Company)	s on our records.)	4
The Articles of Organization for this Limited Liability Company	were filed on	May 2, 2012	and assigned 3
Florida document number <u>L12000059269</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	2:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2831 N.E. 33rd Street		
(Principal office address MUST BE A STREET ADDRESS)	Lighthouse Po	int, Florida 3306	4
		· · · •.	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	2831 N.E. 33rd	d Street	
(Mailing address MAY BE A POST OFFICE BOX)	Lighthouse Point, Florida 33064		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fa-4	on Florida street add	****
	Enter Florida street address		
	Clar.	, Florida	7:- 0 - 1-
	Citv		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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
 Dated	May 2 ,	2012	_
		ber or authorized representative of a member	
		John Bundy jed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00