

LI 2 000 127851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

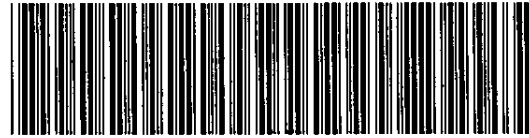
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245277418

03/06/13--01014--007 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 MAR - 6 MAIL: 04

FILED

MAR - 7 2013

CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Retire Well, 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:

Michael D Wall
Name of Person
c/o Wall Financial Group
Firm/Company
700 Village Square Crossing Suite 10213
Address
Palm Beach Gardens, FL 33410
City/State and Zip Code
michael@wallfinancialgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Wall at (561) 855-4635
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2013 MAR -6 AM 11:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Retire Well, 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 10/8/2012 and assigned Florida document number L12000127851.

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:

Michael D. Wall

New Registered Office Address:

700 Village Square Crossing Suite 102B
Enter Florida street address

Palm Beach Gardens
City

Florida

33410
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.

M. D. Wall

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

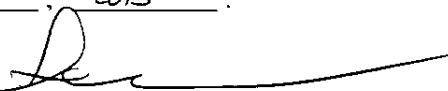
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Samantha B. Wall	303 SW 140 Terrace	<input type="checkbox"/> Add
		Jonesville, FL 32669	<input checked="" type="checkbox"/> Remove
MGRM	Michael D. Wall	700 Village Square Crossing	<input checked="" type="checkbox"/> Add
		Suite 102B	<input type="checkbox"/> Remove
		Palm Beach Gardens, FL 33410	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
FLORIDA
2013 MAR -5 PM 11:04

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

Dated 3/5/ 2013



Signature of a member or authorized representative of a member

Samantha B. Wall

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 MAR -6 PM 11:04
SECRETARY OF STATE
CALIFORNIA
FILING