

L12000131665

(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:

JAN - 8 2013

L. SELLERS

Office Use Only



400242174794

01/07/13--01033--010 **30.00

FILED
13 JAN - 7 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Affinity Wellness Holdings 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:

Bryan J. Lake

Name of Person

Affinity Wellness

Firm/Company

5303 Indian Bluff Drive

Address

Youngstown, FL 32466

City/State and Zip Code

lakebryan@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan J. Lake

Name of Person

608 732-1007

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

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

Affinity Wellness Holdings 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 10/16/2012 and assigned
Florida document number L12000131655.

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)

2211 Hwy. 77

Suites 101-102

Lynn Haven, FL. 32444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Affinity Wellness Holdings / Bryan Lake

P.O. Box 656

Carbondale, Co. 81623

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:

Bryan J. Lake

New Registered Office Address:

2211 Hwy. 77 Suites 101-102

Enter Florida street address

Lynn Haven

City

Florida 32444

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>
MGR	Bryan J. Lake	P.O. Box 656	<input checked="" type="checkbox"/> Add
		Carbondale, CO. 81623	<input type="checkbox"/> Remove
MGRM	Affinity Wellness Corporation	5303 Indian Bluff Drive	<input type="checkbox"/> Add
		Youngstown FL. 32466	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
13 JAN 17 PM 9:55
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-17-11 BY 60322 UCBAW

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

Please Remove the Name: Timothy R. Gehrmann from all documents
and replace him with: Bryan J. Lake, and the signature below.

Dated 12-27, 2012.



Signature of a member or authorized representative of a member

Bryan J. Lake

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00