112000139662

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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Winter Haven (863) 294-3360 Fax (863) 299-5498 P.O. Box 24628 LAKELAND, FLORIDA 33802-4628 LAKE WALES (863) 676-7611 OR (863) 683-8942 FAX (863) 676-0643

HERITAGE PLAZA
225 EAST LEMON STREET, SUITE 300
LAKELAND, FLORIDA 33801
(863) 683-6511 OR (863) 676-6934
FAX (863) 682-8031

www.PetersonMyers.com

August 11, 2016

<u>Via FedEx</u> 7769 6976 5291

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re:

WellDyne Health, LLC

Dear sir or madam:

Enclosed for filing please find Articles of Amendment to Articles of Organization for WellDyne Health, LLC (the "Company"). I am also enclosing a check payable to the Division in the amount of \$60.00, for the cost of the filing fee and certificate of status and certified copy.

The Company is, among other things, changing its name, its address, and its registered office. However, the current registered agent, Philip Mowry, is remaining the same.

If you have any questions or concerns, please contact me as soon as possible. Otherwise, I would appreciate it if you would provide me with the confirmation of the filing, the certificate of status, and the certified copy thereof.

Sincerely

Timothy E. Kiley

Encl. (as referenced)

Cc:

Client



COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	WELLDYN	E HEALTH, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Timothy E. Kiley		
			Name of Person	
		Peterson & Myers, P.A.		
			Firm/Company	
		225 E. Lemon Street, Suite	2 300	
			Address	
		Lakeland, Florida 33810		
			City/State and Zip Code	
		Tkiley@petersonmyers.com		
			to be used for future annual report notific	cation)
For further in	formation con	cerning this matter, please ca	all:	
Timothy E. k	Kiley		863 683-6511 at ()	
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	lling 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:

TO:

Registration Section

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

j.	FILED
\sim ^{4}UG	12
SECHETAL LAHAS	PM 2: 16 PF: OF STATE SEE, FLORIDA
	SEE, FLORIDA

WELLDYNE HEALTH, 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 11/02/2012 and assigned Florida document number L12000139662 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VITOPIA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 330 Eagles Landing Drive Enter new principal offices address, if applicable: Lakeland, Florida 33810 (Principal office address MUST BE A STREET ADDRESS) 330 Eagles Landing Drive Enter new mailing address, if applicable: Lakeland, Florida 33810 (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: 330 Eagles Landing Drive New Registered Office Address: Enter Florida street address

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 605, 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.

City

Lakeland

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33810
Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Philip G. Mowry	500 Eagles Landing Drive	□ Add
		Lakeland, Florida 33810	Remove
			□ Change
MGR	Michael G. Woodley	1110 Edenhurst Court	Add
		Monument, Colorado 80132	□ Remove
			Change
			□ Add
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be prior to date of filing block does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (filing requirements, this date will not be listed as the
The 90th day after the re	ed effective date, but not an effection cord is filed.	ve time, at 12:01 a.m. on the earlier of:
ated August 1	2016	
12	2 Ph	
	Signature of a member or authorized represent	ative of a member

Page 3 of 3

Filing Fee: \$25.00