## 117000020706

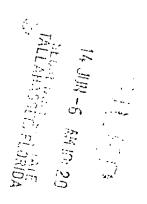
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## **COVER LETTER**

TO:	Registration Se Division of Cor		,	
	•	Acupuncture, LLC	·	
SUBJE	:CT:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Selena Wooley		
			Name of Person	<del></del>
		Rhythm Acupuncture	e, LLC	
		<u> </u>	Firm/Company	
		3207 Peoria Rd		
			Address	
		Orange Park, FL 326	065	
		wuhuacu@gmail.con	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For furt	ther information c	oncerning this matter, please ca	all:	
Seler	na Wooley		904 868-9615	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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

## AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rhythm Acupuncture, LLC

(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company  L13000020706  Florida document number	were filed on	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Wu Hu Center for Well-Being, LLC			
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the	e abbreviation "l	L.C."
Enter new principal offices address, if applicable:	2032 Carnes St, Suite B		
(Principal office address MUST BE A STREET ADDRESS)	Orange Park, FL 32073		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name	of the
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		, 21.00 , 2 , 2
	Enter Florida street address		, i me
	, Florida _	Zip Cöde	
New Registered Agent's Signature, if changing Registered Agent:	•	52 5	#1 / #s

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.

If Changing Registered Agent, Signature of New Registered Agent

it amending the Managers of Authorized Member on our records, enter the title, name, and address of each Manager of Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>	<del></del>	<del></del>	Add
			Remove
			☐ Remove
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	he date of filing:  annot be prior to date of receipt or filed date and cannot be mo Florida Department of State)	(optional) re than 90 days after
e date this document is filed by the June 3		(optional) re than 90 days after
e date this document is filed by the	Florida Department of State)	(optional) re than 90 days after
e date this document is filed by the June 3	Florida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

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