

U13 000072518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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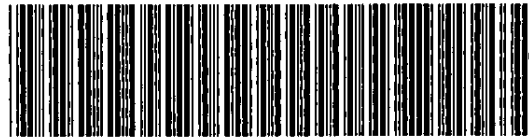
(Business Entity Name)

(Document Number)

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JULIA J. SHERIDAN

JUN 27 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Follow The Leader, 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:

Brian Sullivan
Name of Person
Brian Sullivan, CPA
Firm/Company
6812 Sheldon Road
Address
Tampa, FL 33615
City/State and Zip Code
cpa.brian.sullivan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Sullivan at (813) 393-9876
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

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

Follow The Leader, 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 5/28/13 and assigned
Florida document number L13000077518

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)

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JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF HILLSBORO, FLORIDA

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:

Colleen Sullivan
~~Brian Sullivan, CPA~~ (S)

New Registered Office Address:

6812 Sheldon Road

Enter Florida street address

Tampa

City

, Florida

33615

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.

C Sullivan

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

Title	Name	Address	Type of Action
MGR	Colleen Sullivan	6812 Sheldon Road	<input type="checkbox"/> Add
		Tampa, FL 33615	<input checked="" type="checkbox"/> Remove
MGRM	Your Complete Wellness Center, LLC	6812 Sheldon Road Tampa, FL 33615	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF THE
COURT
JUN 26 2013

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

Dated _____, _____.

C Sullivan

Signature of a member or authorized representative of a member

Colleen Sullivan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE - FLORIDA