L13000086432

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section
Division of Corporations

LIFESCAPE SOLUTIONS WELLNESS, 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:

Paul D Alleva

Name of Person

Lifescape Solutions Wellness, LLC

Firm/Company

900 Linton Blvd, Suite 102

Address

Delray Beach, FL 33444

City/State and Zip Code

palleva@lifescapesolutions.com

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

For further information concerning this matter, please call:

Paul Alleva

₃₇561 628-6651

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

FILED

2014 JUL 28 PN 3: 09

LIFESCAPE SOLUTIONS WELLNESS, LLC

DOSECTA HE OF STATE TALLAMA SEEL FLORIDA

(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 Li Florida document numberL13000086932		were filed on 06/1	4/2013	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here	;	
The new name must be distinguishable and end with the	vords "Limited Liab	oility Company," the des	signation "LLC" or the abt	previation "L.L.C."
Enter new principal offices address, if applicable:		900 Linton Blvd Suite 102		
(Principal office address MUST BE A STREET ADDRESS)		Delray Beach	, FL 33444	

Enter new mailing address, if applicable:		900 Linton Blvd Suite 102		
(Mailing address MAY BE A POST OFFICE BOX)		Delray Beach, FL 33444		
B. If amending the registered agent and/registered agent and/or the new registered of	*./		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	900 Linton		a street address	
	5 1 5			4.4.4
	Delray Bea		, Florida <u>334</u>	144 Zip Code
		City		zip Coae

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Paul D Alleva	900 Linton Blvd	
		Suite 102	□ Remove
		Delray Beach, FL 3344	4
MGRM	Jordan Boudle	900 Linton Blvd	□ Add
		Suite 102	Remove
		Delray Beach, FL 3344	4
AMBR	Phil Diaz	900 Linton Blvd	Add
		Suite 102	Remove
		Delray Beach, FL 3344	4_
AMBR	Spencer Kinard	900 Linton Blvd	□ Add
		Suite 102	□ Remove
		Delray Beach, FL 3344	4_
AMBR	Lisa Alleva	900 Linton Blvd	□ Add
		Suite 102	□ Remove
		Delray Beach, FL 3344	4
			□ Add
			Remove

The only changes to this LLC are addre	,
existing members and register agent. N	lo changes to title
or other information is made in this ame	endment.
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	(optional) mot be more than 90 days after
Dated 7/25/2014 ,	
Signature of a number or authorized represen	ative of a member
Signature of a number or authorized represen Paul D. Alleva Typed or printed name of sign	

Page 3 of 3

Filing Fee: \$25.00

