

L13000 117406

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

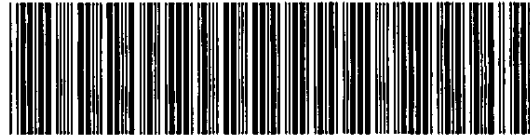
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

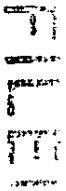
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2015 OCT 30 PM 2:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA



OCT 30 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Function Health and Wellness Rehab Consultants PLLC
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:

Samuel Lavarias

Name of Person

Firm/Company

829 Deltona Blvd

Address

Deltona, FL 32725

City/State and Zip Code

paincaretowellness@gmail.com

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

For further information concerning this matter, please call:

Samuel Lavarias

at (**386**)

2509838

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 OCT 30 AM 10: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 16, 2015

SAMUEL LAVARIAS
829 DELTONA BLVD
DELTONA, FL 32725

SUBJECT: FUNCTION, HEALTH AND WELLNESS REHAB CONSULTANTS
PLLC
Ref. Number: L13000117406

We have received your document for FUNCTION, HEALTH AND WELLNESS REHAB CONSULTANTS PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 715A00021962

FILED
2015 OCT 30 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Function Health and Wellness Rehab Consultants PLLC

(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 August 20, 2013 and assigned
Florida document number L13000117406.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Function Health and Wellness LLC

The new name must be distinguishable and contain 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)

829 Deltona Blvd Ste 204

Deltona, FL 32725

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

829 Deltona Blvd Ste. 204

Deltona, FL 32725

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:

New Registered Office Address:

829 Deltona Blvd. Ste 204

Enter Florida street address

Deltona

Florida

32725

City

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 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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2016 OCT 20 PM 2:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, illegible markings that appear to be remnants of a stamp or handwritten notes from another document. The rest of the page is completely blank except for the lines.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 8, 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
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CLERK OF STATE
TALLAHASSEE FLORIDA