

L13000119655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 OCT 14 PM 12:42
TALLAHASSEE, FL 32301
SECTION 601.01

B. BOSTICK

OCT 15 2013

EXAMINER

10/09/13

TO: FL Dept of State
Div of Corp.
PO Box 6327
Tallahassee, FL.
32314.

2013 OCT 14 PM 12:42
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/14/13 BY 60322
TALLAHASSEE, FL 32314

Dear FL Dept of State,
Attached, please find
Amendment for LLC Name
Change.

OLD name: All Injury and Wellness
LLC

New Amended LLC Name:

Central Florida Health and
Wellness, L.L.C.

Contact name: Glenn Boyer
ph. 407 944 4446

921 Emmett St.

Kissimmee, FL 34741

Thank You,

Glenn Boyer

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

All Injury and Wellness, 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 09/09/13 and assigned Florida document number L13000119655

This amendment is submitted to amend the following:

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

Central Florida Health and Wellness, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

2013 OCT 11 PM 12:42
TALLAHASSEE, FL 32310

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____, _____.

Glenn Boyer

Signature of a member or authorized representative of a member

Glenn Boyer,

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FALL RIVER, MA 01931