

L13000125174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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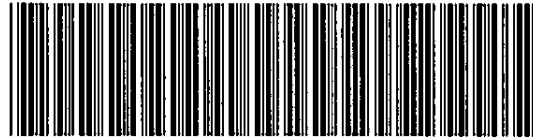
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 21 2013

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Universal Cure, 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:

Andrew M. Reed

Name of Person

Reed & Mawhinney, P.L.

Firm/Company

1611 Harden Blvd.

Address

Lakeland, FL 33803

City/State and Zip Code

andy@polklawyer.com

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

For further information concerning this matter, please call:

Andrew M. Reed

Name of Person

at ( 863 ) 687-1771

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



ANDREW M. REED  
JOSEPH P. MAWHINNEY  
WILLIAM T. LINK, JR.

C. GEOFFREY VINING, OF COUNSEL

1611 HARDEN BLVD.  
LAKELAND, FL 33803  
863.687.1771 (T)  
863.687.1775 (F)  
anna@polklawyer.com

November 14, 2013

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Universal Cure, LLC  
Articles of Amendment

Dear Representative:

Enclosed please find a Cover Letter and Articles of Amendment to Articles of Organization along with our firm check in the amount of \$30.00 in payment of the filing fee.

Please feel free to contact our office with any questions.

Sincerely Yours,  
**Reed & Mawhinney, P.L.**

Anna Reed  
Legal Assistant

/ar

Encls.

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

Universal Cure, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 5, 2013 and assigned Florida document number L13000125174.

This amendment is submitted to amend the following:

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

Vernon's Cure, LLC

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Andrew M. Reed

New Registered Office Address: 1611 Harden Blvd.

Enter Florida street address

Lakeland, Florida 33803  
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>
MGRM	Recher Family Partnership		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Frederick W. Recher	517 Shining Armor Lane	<input checked="" type="checkbox"/> Add
		Longwood, FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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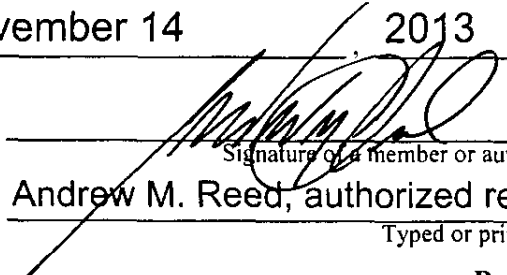
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Dated November 14 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Andrew M. Reed, authorized representative

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00