

L130003128965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

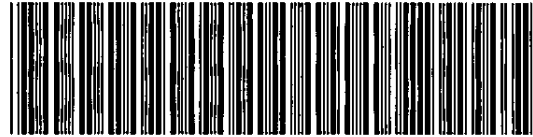
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600259263656

04/28/14--01008--019 **25.00

FILED
2014 APR 28 PM 4:20
TALLAHASSEE FLORIDA
CLERK OF SUPERIOR COURT

MAY 02 2014

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Premier Wellness Centers of Stuart 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:

William Jensen D.C.

Name of Person

Premier Wellness Centers

Firm/Company

10050 SW Innovation Way #201

Address

Port Saint Lucie, FL 34988

City/State and Zip Code

arbille@premierwellnesscenters.com

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

For further information concerning this matter, please call:

William Jensen

Name of Person

at 772 879-8700

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

FILED
2014 APR 28 PM 4:20
REGISTRY OF STATE
CORPORATIONS
TALLAHASSEE FLORIDA

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

Premier Wellness Center of Stuart 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 8/27/13 and assigned
Florida document number L13000128965

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) _____

10050 SW Innovation Way
Suite 201
Port Saint Lucie, FL 34987

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: _____

Enter Florida street address

_____, Florida
City

FILED
14 APR 28 PM 4:20
CLERK OF STATE
TALLAHASSEE FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Steven Bernhardt</u>	<u>6104 SE Crooked Oak</u>	<input checked="" type="checkbox"/> Add
		<u>Avenue, Hobbs Sand</u>	<input type="checkbox"/> Remove
		<u>FL. 33455</u>	

_____ ☐ Add

[Remove](#)

☐ Add

[Remove](#)

☐ Add

[Remove](#)

© 2012 Pearson Education, Inc. or its affiliate(s). All rights reserved. Add

_____ Remedy

[Remove](#)

FILED

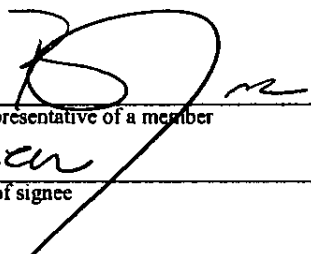
2014 APR 28 PM 4:30
Add
☒ Remove
TAYLOR, SIA
FLORIDA
Add

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____, _____.



Signature of a member or authorized representative of a member
William Jensen

Typed or printed name of signee

FILED
2014 APR 28 PM 4:20
CLERK OF STATE
TALLAHASSEE FLORIDA