L13000128969

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
(Address) (Address) (City/State/Zip/Phone #)	MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	





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09/24/18--01021--024 **25.00





September 27, 2018

ALEXANDER JOSEPH 9230 TRIANA TERRACE, APT 1 FT MYERS, FL 33912

SUBJECT: NAPLES TESTOSTERONE CLINIC, LLC

Ref. Number: L13000128969

We have received your document for NAPLES TESTOSTERONE CLINIC, LLC 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), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Octavia L Simmons Regulatory Specialist III

Letter Number: 018A00020148

Signed and attached

018 NG3 - 1 AE

COVER LETTER

	Registration Division of C			
CIID IEC		estosterone Clinic, LLC		
SUBJEC	.1:	Name of Lim	nited Liability Company	
The enclo	osed Articles (of Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		Alexander Joseph		
			Name of Person	
			Firm/Company	
		9230 Triana Terrace APT	I 	
		Fort Myers, FL 33912	Address	
		ajoseph@nuvivaweightloss.	City/State and Zip Code .com	
		E-mail address: (to be used for future annual report no	otification)
For furthe	er information	concerning this matter, please ca	all:	
Alexando			239 466-4007	
	Name	of Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for	the following amount:		
S \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

Naples Testosterone Clinic, LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on $\frac{09-11-2}{1}$	013	and assigned
Florida document number 1.13000128969	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
Naples Wellness For Men, LLC			
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	SS)	<u></u>	හ
		,-	
			1
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		-	· _
			
 If amending the registered agent and/or register egistered agent and/or the new registered office addres 		records, <u>enter th</u>	<u>ne name of the</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida sti	reet 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 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

$\mathbf{AMBR} = \lambda$	Nuthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if oth an effective date is listed	er than the date of the date must be spe	of filing: ecitic and cannot be p	prior to date of filir	g or more than 9	(optio 0 days after	e nal) tiling.) Pe	ursuant t	o 605.0
ote: If the date inser ocument's effective d	ted in this block do	es not meet the ap	plicable statutor	y filing require	ments, this	date wi	ll not be	: listed
record specifies The 90th day aft			not an effect	ive time, at	12:01 a	.m. on	the e	arlier
September 20		20187						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00