

L13000133377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

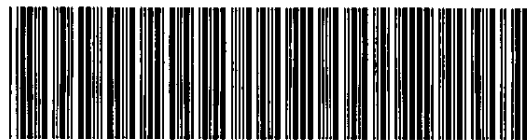
(Business Entity Name)

(Document Number)

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J. Silvers APR 20 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6212



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

KARINA OPPENHEIMERNIC LLC
707 W EAU GALLIE BLVD SUITE 501
MELBOURNE, FL 32935

SUBJECT: ELITE WELLNESS CLINIC LLC
Ref. Number: L13000133377

We have received your document for ELITE WELLNESS CLINIC LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00008063

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite Wellness Clinic 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:

Dr. Karina Oppenheimer

Name of Person

Elite Wellness Clinic LLC

Firm/Company

707 W. Eau Gallie Blvd Suite 501

Address

Melbourne FL 32935

City/State and Zip Code

oppenheimer@elitewellnesstherapy.com

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

For further information concerning this matter, please call:

Dr. Karina Oppenheimer at (607) 351-0488

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

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

Elite Wellness Clinic 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 09/20/13 and assigned
Florida document number L13000133377.

This amendment is submitted to amend the following:

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

Elite Wellness Therapy 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:

707 W. Eau Gallie Blvd Suite 501

(Principal office address MUST BE A STREET ADDRESS)

Melbourne FL 32935

Enter new mailing address, if applicable:

707 W. Eau Gallie Blvd Suite 501

(Mailing address MAY BE A POST OFFICE BOX)

Melbourne FL 32935

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

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
<u>AR</u>	<u>Adam Oppenheimer</u>	<u>707 W. Eau Gallie Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 501</u>	<input type="checkbox"/> Remove
		<u>Melbourne FL 32935</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Registered DBA "Elite Wellness" for Elite Wellness Clinic LLC will remain a DBA for Elite Wellness Therapy LLC

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 04/08/14



Signature of a member or authorized representative of a member

Karina E. Oppenheimer, Psy.D

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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