## L140000 28413

(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:

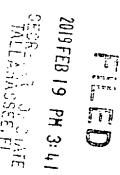




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02/19/19--01029--019 \*\*25.00

R. WHITE FEB 2.2 2019



To Whom It May Concern
If questions please contact
Julie Palmer at (904) 661-8299
Return mailing address
12668 Mills Ridge Lane
Jacksonville, FL 32258
Thank you.

## **COVER LETTER**

TO: Registration Se Division of Cor			
subject: Pal	mer Acupuncture Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Julia P	dne	
		Name of Person	
		Firm/Company	
	12668 Mills Rid	Address	
	Jacksonville, FL	SZZS§  City/State and Zip Code  - cgmail.com to be used for future annual report notif	
	,	City/State and Zip Code	
	Palminacupunctur E-mail address: (1)	e egmail. com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ea		,
Julie Pale	~e <sub>4</sub>	at (904) 661-8	7 <b>2</b> 49
Name of	Person	at (904)   Color   Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
図 \$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

	i i i	ED
Con		

Palmer Acu	rpuncture LLC		2019 FEB 19 PM 3: 41
( <u>Name of the Limited</u> (//	puncture LLC  1 Liability Company as it now app  A Florida Limited Liability Compan	pears on our records. y)	SECRETALIANS FOR MALLA MASS FOR M
The Articles of Organization for this Limited Lia	bility Company were filed on	2/19/2014	and assigned
Florida document number <u>L1400028 413</u>	<u></u> ,		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company	here:	
Palmer Complete Health LL The new name must be distinguishable and contain the wor	c		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," th	ne designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	<u>_</u> _	
(Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable:			<del>-</del>
(Mailing address MAY BE A POST OFFICE B	<u> </u>		<del></del>
		··	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address ce address here:	on our records,	enter the name of the new
Name of New Registered Agent:		<del>_</del>	
New Registered Office Address:			
	Enter I	Florida street address	
		, Flor	rida Zip Code
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
	<del>-,-</del>		D Add
			□ Remove
			Change
		<del></del>	Remove
		<del></del>	Change
			Remove
			Change
		Remove	
		Change	
	<del></del>		Add
			Remove
			□ Change

9. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an et Note:	tive date, if other than the date of filing:
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	2/15
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00