L14000 136438

Office Use Only



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MAR 0 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MAGNIFICENT WELLNESS Name of 1	OBSESSION HEAD	et H and
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Jose	Name of Person	
	Firm/Company	
13990 B	ARTRAM PARK BL	1006# Deu
Jackson	NUTILE, PL 32258 City/State and Zip Code	
	EPh Scura Q ATT. NE	
For further information concerning this matter, pleas	se call:	
Joseph Scurs Name of Person	at (90 Y) 5/6 ~ . Area Code Daytime	5676 Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee \$\times \$\times	☐ \$55.00 Filing Foe & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Section	Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGNIFICAT OBSESSION HEATH and Wellness Services, UC (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 Com	pany were filed on Aug 26, 2014 and assigned
Florida document number <u>L14000 136438</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
ThoReh FORENSIC HEAH! The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22 T
(Principal office address MUST BE A STREET ADDRES	
	SCENE OF THE SECOND OF THE SEC
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
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 A	gent:

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
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			□Change
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an effectiv ote: If th	e date is listed, the ne date inserted i	han the date of date must be speci in this block does on the Departmen	ific and cannot be a not meet the a	e prior to date of I applicable statu	filing or more than	i 90 days after filir	I) ng.) Pursuant to 605. te will not be liste	0207 ed as (
record spr is filed.	ecifies a delayed	Feffective date, b	ut not an effec	tive time, at 12	:01 a.m. on the	earlier of: (b) (Γhe 90th day after	the
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ated <u>Z</u>	Dr.	n Joseph	or a member o	or authorized repr	esentative of a mo	ember		