L14000193888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2015 FEB 23 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan FEB 24 2015

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: New Age Practices, 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:

Amber Watkins
Name of Person

Firm/Company

10103 Deerbrook Dr.
Address

Riverview, Fl 33569
City/State and Zip Code

AMBER0315@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Watkins at (813) 215-3506
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 FEB 23 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF CORPORATION SERVICES

February 11, 2015

AMBER WATKINS
10103 DEEPBROOK DRIVE
RIVERVIEW, FL 33569

SUBJECT: NEW AGE PRACTICES, LLC
Ref. Number: L14000193888

We have received your document for NEW AGE PRACTICES, 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):

DOS does not the Operating Agreement. Remove reference in part D and resend the Amendment.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 415A00002837

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 FEB 23 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

New Age Practices, 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 12/22/2015 and assigned Florida document number L14000193888.

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)

11705 Bayette Rd. Suit 285
Riverview, Fl 33569

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

Title	Name	Address	Type of Action
AMBR	Amber Watkins	10103 Deepbrook Dr.	☒ Add
		Riverview, Fl 33569	☐ Remove
AMBR	Rita Durant	5709 Knights Ct.	☒ Add
		Mobile, AL 36609	☐ Remove
DIR	Amber Watkins	10103 Deepbrook Dr.	☐ Add
		Riverview, Fl 33569	☒ Remove
DIR	Rita Durant	5709 Knights Ct.	☐ Add
		Mobile, AL 36609	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 _____, _____.

Amber Watkins
Signature of a member or authorized representative of a member

Amber Watkins
Typed or printed name of signee

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2015 FEB 23 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00