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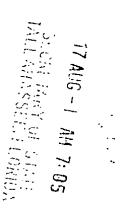
(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

	istration Se ision of Cor			
SUBJECT:	LOV	re Life Wel	Uness C	enter, LLC
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Veroni o	Name of Person	<u>†</u>
			Name of Person	i ·
				s Center, LLC
			Firm/Company	
			455 NE 11	I The ST
			Address	
				4
		Miami	FL 3316	amail.com
		3 (City/State and Zip Code	
		Veron	iicamenin	@gmax.com
		t:-iikii addiess. (to be used for future aimiga	report notification)
For further in	oformation c	oncerning this matter, please c	all:	
<u>Verc</u>	mia	Menin Person	at(<u>355</u>)_	772-6798
	Name o	f Person	Area Code	Daytime Telephone Number
Englaced is a	aboat for th	o following amounts		
		ne following amount:		
2 \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy	& \$60.00 Filing Fee, Certificate of Status &
		Communication of States	(additional copy is en	closed) Certified Copy
				(additional copy is enclosed)
	MAILI	ING ADDRESS:	STREE	T/COURIER ADDRESS:
		ation Section	Registra	tion Section
		n of Corporations ox 6327	Division Clifton I	of Corporations
		issee, FL 32314	2661 Ex	ecutive Center Circle
				see FI 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVE LIFE WELLNESS CENTER, LLC

(<u>Name of the Limited</u> (A	Linbility Company as it not Florida Limited Liability Co	mbanà) w abbeuts ou	our records.)		
The Articles of Organization for this Limited Liab Florida document numberL_15000088	oility Company were filed	d on <u>05</u>	119/ 201	5 and assigned	
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	ne limited liability comp	 pany here: 			
The new name must be distinguishable and contain the work	ds "Limited Liability Compar	y," the design	ution "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address here:			er the name of the ne	w
Name of New Registered Agent:	21725 S	- 9	9 TWALCO	- S - S - S - S - S - S - S - S - S - S	
New Registered Office Address:		inter Florida s			
Now Degistered Agent's Signature if shapping Pos	CUTLEY BC		, Florida _	33190 ···	
New Registered Agent's Signature, if changing Reg					
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performa red agent as provided j gistered office address,	ince of my for in Chap	duties, and Lan oter 605, F.S. O	n familiar with and r, if this document is	2
	\ \	ـــے ل		`	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = M$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			Add
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ve date, if other than the date of filing:	(option	al)
ective date is listed, the date must be specific and cannot be prior to date the date inserted in this block does not meet the applicable		
ent's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not ar	n effective time, at 12:01 au	m, on the earli
90th day after the record is filed.		
June 20th, 2017		
JONE 20. , 2027.		
Signature of a member or authorized		<u> </u>
<u>-</u>		
Veronice Y		

Page 3 of 3

Filing Fee: \$25.00