115000136953

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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SECRETARY OF THE SECRET

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FLORIDA DEPARTMENT OF STATE ECRETARY OF STATE Division of Corporations TALLAHASSEE, FL

February 19, 2022

MJD NUTRITION CLUB LLC 1151 NW 126 STREET NORTH MIAMI, FL 33168

SUBJECT: MJD NUTRITION CLUB LLC

Ref. Number: L15000136953

We have received your document for MJD NUTRITION CLUB 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6053.

Yvette Scott Supervisor

Letter Number: 722A00004160

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		ITION CLUB LLC	
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter		
	EM	MANUELLA FLEURIMONT	
		Name of Person	
	М.	ID NUTRITION CLUB LLC	
		Firm/Company	
		1151 NW 126 ST	
		Address	
		MIAMI, FL 33168	
		City/State and Zip Code	
		info@mjdwellness.org	
	E-mail address: (to be used for future annual report no	olification)
For further information e	oncerning this matter, please c	all:	
EMMANUEL	LA FLEURIMONT	786 406-5886	
Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration S Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee 1	FI 37314	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJD NUTRITION	CLUB LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	04/05/2015	and assigned
Florida document number 1.15000136953			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company her	<u>·e</u> :	
MJD WELLNESS AND SPECIAL	LTY CARE LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			1022 I
<u>.</u>			三三五
			25 6 F
Enter new mailing address, if applicable:			- P
Mailing address MAY BE A POST OFFICE BOX)			
-			(i) (i) (i)
B. If amending the registered agent and/or registered office ade agent and/or the new registered office address here:	dress on our rec	cords, <u>enter the n</u>	ame of the new register
agent and/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street address	
		, Florida	
	Chy	,,	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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			Remove
			Change
			□Add
			Remove
			□ Change
			□Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			C) Champa

an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t	Effective date, if other than the date of filing:
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Filing Fee: \$25.00