

U15000 147293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

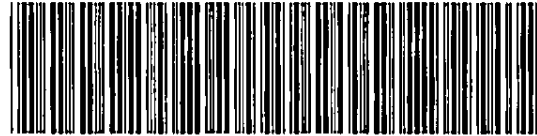
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/18--01012--030 **35.00

FILED
JUN 18 2018
FALL RIVER, MA
U.S. DEPT. OF JUSTICE

2018 JUN -4 AM 8:01

FILED
JUN 18 2018
FALL RIVER, MA
U.S. DEPT. OF JUSTICE

JUN 03 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saint Lucie Acupuncture 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:

Claudia-Marcela Munoz-Rivera
Name of Person

Saint Lucie Acupuncture LLC
Firm/Company

1775 SW Gatlin Blvd suite 204
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

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

For further information concerning this matter, please call:

Marcela Munoz-Rivera at (772) 444 7172
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

check for \$35 was sent before and already cashed.

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

May 21, 2018

CLAUDIA-MARCELA MUNOZ-RIVERA
1775 SW GATLIN BLVD SUITE 204
PORT SAINT LUCIE, FL 34953

SUBJECT: SAINT LUCIE ACUPUNCTURE LLC
Ref. Number: L15000147293

We have received your document for SAINT LUCIE ACUPUNCTURE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 118A00010570

RECEIVED

2018 JUN -4 AM 10:39

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 JUN -4 AM 8:01

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Saint Lucie Acupuncture 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 8/27/2015 and assigned
Florida document number L1500014729.3

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Saint Lucie Acupuncture & Integrative Medicine LLC

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:

Same address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

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.

N/A


If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

May 31, 2018



Signature of a member or authorized representative of a member

Claudia-Marcela Munoz-Rivera

Typed or printed name of signee

2018 JUN - 5 AM 8:01
TALLAHASSEE FL 32304