115000157564

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only, orale, z.pr. none //)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

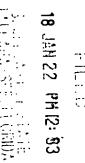
Office Use Only



300307824753

01/23/18--01002--021 **25.00

RECEIVED
JAN 2 2 2018



S. WARREN JAN 25 2018

COVER LETTER

TO: Registration Section

Tallahassee, Fl. 32314

Division of C	Corporations		
	E ONE WELLNESS, LLC		
SUBJECT:	Name of Lin	tited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Michael Bogdan		
		Name of Person	
	CHOICE ONE WELLNE	SS, LLC	
		Firm/Company	
	5150 SW 48th Way suite 6	503	
		Address	
	Davie, Fl. 33314		
	mbogdan34@aim.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further informatio	n concerning this matter, please c	all:	
Michael Bogdan		954 5521003	
Nan	e of Person	at ()	2 Telephone Number
Enclosed is a check for	r the following amount:		
 	☐ \$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)
Reg Divi	HLING ADDRESS: istration Section sion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHOICE ONE WELLNESS, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Clorida document number	were filed on and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
Choice One Transport, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5150 SW 48th Way suite 603
Principal office address MUST BE A STREET ADDRESS)	Davie, FL 33314
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5150 SW 48th Way suite 603 Davie, FL 33314
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
N . B '. LOT ALL	
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. œ

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3

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 =	R = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			□ Change	
			□ Add	
			□ Remove	
			Change	
			Add	
			□ Remove	
		·	□ Change	
				
			Remove	
			☐ Change	
			Remove	
			Change Change Remarks	
			Renew e	
			$\mathbb{Z}_{\mathcal{L}_{\mathcal{A}_{\mathcal{A}_{\mathcal{A}}}}}^{\mathbb{Z}_{\mathcal{A}_{A}}}}}}}}}}$	

•		
		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
		
		_
.		
		
ctive date, if other than the d	late of filing:	(optional)
effective date is listed, the date must l	be specific and cannot be prior to date of filing or more than 90	days after filing.) Pursuant to 605
ment's effective date on the Dep	ck does not meet the applicable statutory filing requirem partment of State's records.	ients, this date will not be liste
·		
ecord specifies a delayed	effective date, but not an effective time, at :	12:01 a.m. on the earlie
ie 90th day after the reco	rd is filed.	12.01 dam on the come
	2018	
01/1 7 d		E
d	··	: 6
d	··	_
d	ignature of a member or authorized representative of a membe	
dMBogh_s	ignature of a member or authorized representative of a member	
d	Typed or printed name of signee	_

Page 3 of 3

Filing Fee: \$25.00