Division of Corporations

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone : (800)221-2972

Fax Number

: (888)692-9256

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE CENTER FOR MIND AND WELLNESS LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$55.00

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEU
2811 US -2 A 9 5
ECRETARY OF STATE

THE CENTER FOR MIND AND WELLNESS 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 C	Company wer	e filed on 10/29/2015 and assigned			
Florida document number L15000183634	امست				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability	company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		26 DIPLOMAT PARKWAY			
(Principal office address MUST BE A STREET ADDR	(ESS) H/	HALLANDALE BEACH, FL 33009			
	whiten,				
Enter new mailing address, if applicable:	26	DIPLOMAT PARKWAY			
(Mailing address MAY BE A POST OFFICE BOX)		HALLANDALE BEACH, FL 33009			
	_				
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office :	address on our records, enter the name of the ne			
Name of New Registered Agent: GIRSH	IMAN, YANK	TEL			
	LOMAT PAR	KWAY			
11017.1008101010 011100 11001000		Enter Florida street adıbess			
HALLA	ANDALE	, Florida ³³⁰⁰⁹			
	C	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 Registated Agent, Signature of New Registered Agent

From 7188897420 1.718.889.7420 Tue Aug 2 08:14:15 2016 MDT Page 3 of 4

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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member							
<u>Title</u>	Name	Address	Type of Action					
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