

LE000193265

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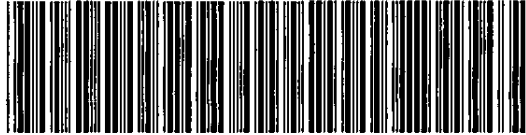
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DEC 21 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2015

ELLIS OKYLE
6215 SW 59 STREET
SOUTH MIAMI, FL 33143

SUBJECT: PREMIER WELLNESS & RECOVERY LLC
Ref. Number: L15000193265

PAGES 2-3 MISSING

Section 605.0203(1)(b), 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 615A00026354

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Premier Wellness & Recovery 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:

Ellis Okyle

Name of Person

Eternity Therapeutics Corp

Firm/Company

6215 SW 59st

Address

South Miami, FL 33143

City/State and Zip Code

EOKyle@aol.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellis Okyle

Name of Person

at (305)

Area Code

389-2568

Daytime Telephone Number

Enclosed is a check for the 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)

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

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SECRETARY OF STATE

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

Premier Wellness & Recovery 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 11/16/2015 and assigned Florida document number L15000193765.

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

10101 S. Dixie Hwy
Miami, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6215 SW 59 St
South Miami, FL 33143

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:

Eternity Therapeutics Corp

New Registered Office Address:

6215 SW 59 St

Enter Florida street address

South Miami, Florida 33143

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE LIST THE MANAGING MEMBERS IN
THE FOLLOWING ORDER:

① ETERNITY THERAPEUTICS

② ENVISION PT AND PERFORMANCE

③ EMPIRE THERAPY

* PLEASE CALL (305) 389-2568 WITH ANY QUESTIONS
OR CONCERNS

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

12/21/2015



Signature of a member or authorized representative of a member

ELLIS OKYLE

Typed or printed name of signer