

L15000 193 265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

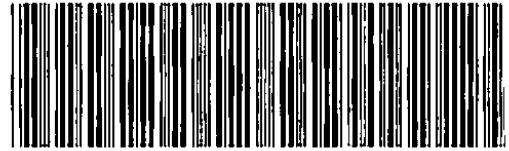
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/18--01025--005 *

2018 SEP 16 P 1:37
FALLAHASSEE, FLORIDA

RECEIVED
SEP 17 2018

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:

ISMAEL KALBFLEISCH

Name of Person

PREMIER WELLNESS & RECOVERY LLC

Firm/Company

9200 SW 153 PSGE

Address

MIAMI, FL 33196

City/State and Zip Code

PREMIERWELLNESSANDRECOVERY@GMAIL.COM

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

For further information concerning this matter, please call:

ISMAEL KALBFLEISCH

786

5177998

at (_____) _____

Name of Person

Area Code

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

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)

FILED

The Articles of Organization for this Limited Liability Company were filed on 11/16/2015 at 2:19 SEP 16 P 11:3
Florida document number L15000193265 CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

9200 SW 153 PSGE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33196

Enter new mailing address, if applicable:

9200 SW 153 PSGE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33196

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

9200 SW 153 PSGE

Enter Florida street address

MIAMI

City

, Florida 33196

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.

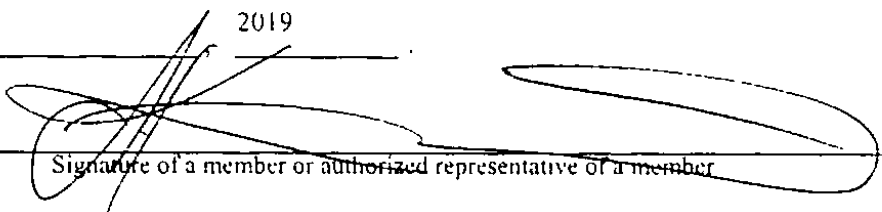
If Changing Registered Agent, Signature of New Registered Agent:

Lined area for text entry.

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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
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 ea
(b) The 90th day after the record is filed.

Dated SEPTEMBER 9 2019


Signature of a member or authorized representative of a member

ISMAEL KALBFLEISCH

Typed or printed name of signee