## L16000053047

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SECRETARY OF STALE

K. SALY EXAMINER

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## **COVER LETTER**

	gistration Section ision of Corpor		
SUBJECT.	RestWell Cpr	r and Training LLC	
SUBJECT:		Name of Limited Liability Company	
The enclosed	l Articles of Am	mendment and fee(s) are submitted for filing.	
Please return	all corresponde	dence concerning this matter to the following:	
		Ronald E Mitchell	
		Name of Person	
		RestWell Cpr and Training LLC	
		Firm/Company	
		19314 Autumn Chase Ct	
		Address	
		Land O Lakes Fl 34638	
		City/State and Zip Code	
		Ronmitch45@aol.com	
		E-mail address: (to be used for future annual report notification)	
For further in	nformation cond	ncerning this matter, please call:	
Ronald Mite	chell	813 758-3173 at ()	
	Name of Pe	Person Area Code Daytime Telephone Number	
Enclosed is a	a check for the f	following amount:	.•
□ \$25.00 F	Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certified Co (additional copy is enclosed) Certified Co (additional copy is enclosed)	f Status & py

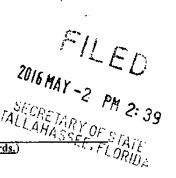
MAILING ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



RestWell Cpr and Training 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 Liab	ility Company were filed on March 15 2016	and assigned
Florida document number L16000053047	······································	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	registered office address on our records, <u>en</u> e address here:	ter the name of the
		ter the name of th
registered agent and/or the new registered offic  Name of New Registered Agent:		ter the name of th
registered agent and/or the new registered offic		ter the name of the
registered agent and/or the new registered offic  Name of New Registered Agent:	e address here:	

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>	Address	Type of Action
MGR	Cheryn Mitchell	19314 Autumn Chase CT	Add
		Land o Lakes Fl 34638	■ Remove
			☐ Change
MGR .	Ronald E Mitchell	19314 Autumn Chase CT	■ Add
		Land o.Lakes FI 34638	□ Remove
			Change
			Add
			□ Remove
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an effective date is listed, the date must ote: If the date inserted in this blo	be specific and ck does not r	d cannot be price neet the appl	or to date of filir icable statutor	ng or more than 90 y filing require	) days after fi nents, this (	ling.) Pursuan late will not	t to 605.020 be listed a
ocument's effective date on the De	partment of S	State's record	s.				
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e record specifies a delayed The 90th day after the reco			ot an effec	tive time, at	12:01 a.	m. on the	earlier
March 29		2016					
ated Water 29	:	,	······································				
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Typed or printed name of signee

Filing Fee: \$25.00