

416000058311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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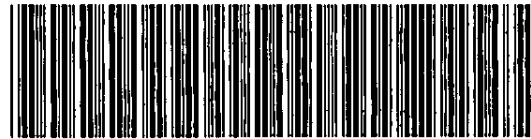
(Business Entity Name)

(Document Number)

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SECRET
TALLAHASSEE, FLORIDA

1003 7004
J. B. B. B.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALL WELL LIVING, 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:

SHARON BUTERA

Name of Person

Firm/Company

2500 W. LAKE MARY BLVD, SUITE 107

Address

LAKE MARY, FL 32746-3501

City/State and Zip Code

ABBASMUKHI420@GMAIL.COM

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

For further information concerning this matter, please call:

SHARON BUTERA

407

496-0631

Name of Person

at (_____) _____

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR -4 P 2:00

FILED

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

ALL WELL LIVING, 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 3/18/16 and assigned Florida document number L16000058311.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2500 W. LAKE MARY BOULEVARD

SUITE 107

LAKE MARY, FL 32746-3501

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2500 W. LAKE MARY BOULEVARD

SUITE 107

LAKE MARY, FL 32746-3501

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:

New Registered Office Address:

2500 W. LAKE MARY BOULEVARD, SUITE 107

Enter Florida street address

LAKE MARY

City

Florida

32746-3501
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>
MGR	ASHIKALI AKBER TEJANI	793 LAKEWORTH CIRCLE	<input type="checkbox"/> Add
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAJJAD PYARALI HEMANI	3228 YATTIKA PLACE	<input type="checkbox"/> Add
		LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

[illegible]

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.

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

Dated MARCH 30 2016

Sharon Butera

Signature of a member or authorized representative of a member

SHARON BUTERA

Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA