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SECRETARY OF STATE
FAULAHASSEE, FLORIGA

JUN 0 3 2016 S. YOUNG

## **COVER LETTER**

TO: Registration So Division of Co				
SUBJECT:	Lee Weln	ess and Rosted Liability Company	habll C	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Malek	Khalil		
		Name of Person		
	Lee Wel	Name of Person  Ness and R  Firm/Company  Enter Point  Address	ehab LlC	-
	4100 C	enter Point	Dr 103	
				TO MAIN
	Malenkhali E-mail address: (1	City/State and Zip Code  30 fy a had - Co to be used for future annual report notifi	cation)	SSEE. FLORIB
For further information	concerning this matter, please ca			45. CSE
Malek,		at (239) 440	-1344	13 BA
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 enclo	

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 **ARTICLES OF ORGANIZATION OF**

Lee Welness		L C_
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1/6000 8456	were filed on 4/29/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Lee Wellness and Red The new name must be distinguishable and contain the words "Limited Liabile Liabil	ias LLC	
	ity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:	- 41 00 centre	n Point Dr
(Principal office address MUST BE A STREET ADDRESS)	Suit 103	
	Fort Myers, 1	339/6
Enter new mailing address, if applicable:		16 M
(Mailing address MAY BE A POST OFFICE BOX)		3 53
		- 135 135
B. If amending the registered agent and/or registered of	Tice address on our records, ente	r the name of the name
registered agent and/or the new registered office address here	e:	To Em
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City	Zip Code
New Designary Agent's Signature if should be Designary A		

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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00