# L16000096397

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VISION OF CORPORATIONS

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## **COVER LETTER**

	ncture & Wellness, LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Kelsey Sokolsky		
		Name of Person	
	Soko Acupuncture & Wellin	ness, LLC	
		Firm/Company	
	4328 Blowing Point Pl		
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	kelsey.soko@gmail.com	o be used for future annual report notific	ention)
	E-mail address: (t	o ne used for future annual report forth	Lation)
For further information c	oncerning this matter, please ca	dl:	
Kelsey Sokolsky		561 693-8064 at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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** 

TO:

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 OF

Soko Acupuncture & Wellness, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	my as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number $\frac{1.16000096397}{1.16000096397}$ .	were filed on May 17, 2016 and assigned
his amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
ligned Acupuncture, LLC	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	113 Sherwood Cir #25A
rincipal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33458
nter new mailing address, if applicable:  **Tailing address MAY BE A POST OFFICE BOX**)	113 Sherwood Cir #25A Jupiter, FL 33458
If amending the registered agent and/or registered of gistered agent and/or the new registered office address her	
	VISION OF CAN 2
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 💆 💆
	City Zip Code C

#### 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
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		_	PRODUCTION REMOVED TO REMOVE THE
			SECRETARY OF STATE SICRETARY OF STATE OIVESION OF CORPOBATIONS  180 JAN 22 PM Corporation Change

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Filing Fee: \$25.00