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Certificates of Status
Officer:

Office Use Only



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APR 2 4 2017 S. YOUNG

SECRETARY OF STATE
TALLAHASSEE FLORIDA

## **COVER LETTER**

IO: Re	egistration Se ivision of Cor	ction porations				
SUBJECT	WellCome	OM Center for Integral Healin	ng & Education, LLC			
SCHALL, E	P THE STATE OF THE	Name of Lin	nited Liability Company	30-1-30-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
the enclose	ed Articles of	Amondment and fee(s) are sub	omitted for filing.			
Please reta	m all correspo	ndence concerning this matter	to the following:			
		John E. Napolitano, Esq.				
		addition as an inferior research of the assessment of the section	Name of Person			
		Napolitano Law, LLC				
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		Spring Hill, Florida 34606	5-5358			. <del>⊊</del> o <sub>s</sub>
			City-State and Zip Code			3 FG
		jnapomanolaw@mac.com				
i er further	ระ สอบสหาบักท์	fi-mail address: ( oncorning this matter, please c	to be used for future annual repull:	oort notification)		ECRETARY OF ELORIDA ALLAHASSEE, FLORIDA 17 APR 21 PM 10: 47
John Napo	litano		352 600.7	977		100
the Operation	Name of	f Person	at ()	Daytime Telephone Numb	er	1
i nelosed is	a check for th	ne following amount:				
<b>■ \$25.00</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclose	ed) Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tuliahassee, FL 32514

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

# WELLCOME OM CENTER FOR INTEGRAL HEALING & EDUCATION, 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 NOVEMBER 2ND, 2016 and assigned Florida document number <u>L16000201888</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WELLCOME OM INTEGRAL HEALING & EDUCATION CENTER, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

VMBR = Authorized Member Title Name<sub></sub> Type of Action Address \_D Add □ Remove \_\_\_\_ □ Change \_ 🗆 Remove \_\_\_\_\_ Change \_\_ 🗆 Add \_ Remo ☐ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change 

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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlie	er of:
Dated	March 15th 2017		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00