

L1700003215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

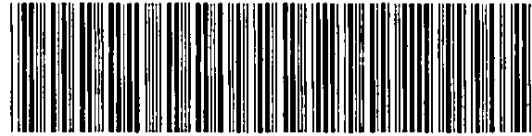
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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06/20/17--01005--010 \*\*25.00

FILED  
RECEIVED  
JUN 19 2017 PM 5:48  
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 21 2017

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Amend Articles of Incorporation of The Spa at Longevity, LLC

June 13, 2017

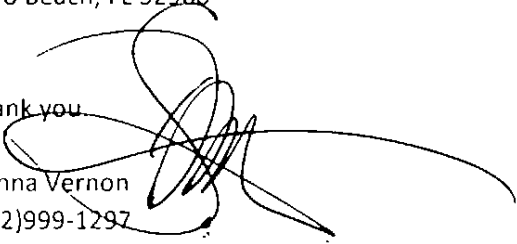
Enclosed please find the amendment form and check for \$25 filing fee.

Return to:

1048 37<sup>th</sup> Ave.  
Vero Beach, FL 32960

Thank you

Donna Vernon  
(772)999-1297



FILED  
JUN 13 2017  
TALLAHASSEE, FL

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

The Spa at Longevity 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 02/09/2017 and assigned Florida document number L17000032698.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Collaborative Wellness 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)

2043 12<sup>th</sup> Ave  
Vero Beach, FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

104E 37<sup>th</sup> Ave  
Vero Beach, FL 32960

**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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

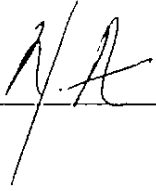
**New Registered Agent's Signature, if changing Registered Agent:**

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: N/A (optional)

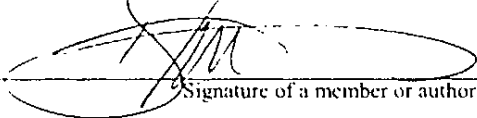
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated

June 13, 2017



Signature of a member or authorized representative of a member

Anna M. Vernon

Typed or printed name of signee

FILED  
JUN 14 2017  
5:11 PM  
250