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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2017

JAMES RUTHERFORD RUTHERFORD'S NATURAL WELLNESS CENTER,LLC 5106 FORESTGREEN DRIVE W LALELAND, FL 33811

SUBJECT: RUTHERFORD'S NATURAL WELLNESS CENTER, LLC

Ref. Number: L17000075433

We have received your document for RUTHERFORD'S NATURAL WELLNESS CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section: 605:0203(1); Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

-PAGE 3 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 017A00009620

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#### **COVER LETTER**

	Registration Se Division of Cor					
CUD IEC		s Natural Wellness Center, LL	С			
SUBJEC	,1; <u></u>	Name of Lim	Name of Limited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		James Rutherford				
			Name of Person			
		Rutherford's Natural Welli	ness Center, LLC			
	Firm/Company					
	5106 Forestgreen Dr W					
			Address			
		Lakeland, FL33811				The CO
			City/State and Zip Code		3	三學
		DrRutherfordsHerbs@gmai				至
		E-mail address: (	to be used for future annual i	report notification)	MAY 12	SS.
For further	er information co	oncerning this matter, please c	all:		?P#	Harr
	James Rut	heerford	863 at ( )	698-6732	<del></del>	150
	Name of	f Person	Area Code	Daytime Telephone Number		行の
Enclosed	is a check for th	e following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Cepy (additional copy is enco	Certificate (losed) Certified C	of Status &	

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 TO ARTICLES OF ORGANIZATION OF

Rutherford's Natural Wellness Center, 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 \_\_\_\_ and assigned L17000075433 Florida document number \_\_\_ 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) 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 Florida

#### 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>	Address	Type of Action
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		Douglasville, GA 30135	■ Remove
			☐ Change
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Page 3 of 3

Filing Fee: \$25.00