

L17000076591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

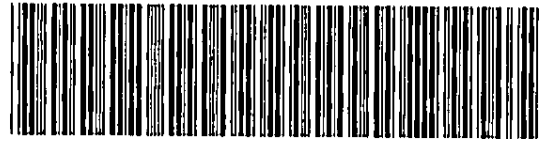
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 8 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOURNEYPURE ORLANDO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Kevin D. Lee
Name of Person

JOURNEYPURE ORLANDO, LLC
Firm/Company

6903 University Blvd
Address

Winter Park, FL 32792
City/State and Zip Code

kgroomes@journeypure.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

Kenny Winn
Name of Person

772 201-7892
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 enclosed)

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**

JOURNALLY RE ORLANDO, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

Its Articles of Organization for this Limited Liability Company were filed on 01/07/2017 and assigned Florida document number 1100001999

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:

6903 University Blvd

(Principal office address MUST BE A STREET ADDRESS)

Winter Park, FL 32792

Enter new mailing address, if applicable:

6903 University Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Winter Park, FL 32792

B. If amending the registered agent and/or registered office address on our records, enter the names of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sevin D Lee

New Registered Office Address:

6903 University Blvd

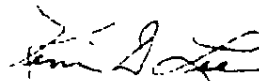
(Enter Florida street address)

Winter Park,

Florida 32792

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. 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>
MGR	David E Murphree	22219 Panama City Parkway	<input type="checkbox"/> Add
		Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

W Remove David Murphye entirely

Multiple horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: _____ (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 October 18 2017

Signature of a member or authorized representative of a member

Kevin D. Lee

Typed or printed name of signer