

L17000081440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

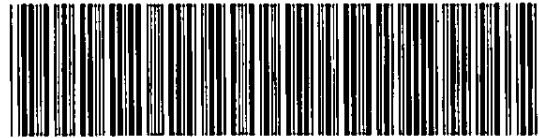
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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09/14/17--01007--002 **50.00

07/28/17--01007--022 **52.50

FILED
17 SEP 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

ALICIA STAGGERS **2ND ATTEMPT**
REJUVA STEM CELL CLINICS LLC
2151 S. HWY. A1A ALT.
JUPITER, FL 33477

SUBJECT: REJUVA STEM CELL CLINICS LLC
Ref. Number: L17000081440

We have received your document for REJUVA STEM CELL CLINICS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 117A00015659



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2017

ALICIA STAGGERS
2151 S. HWY A1A ALT
JUPITER, FL 33477

SUBJECT: REJUVA STEM CELL CLINICS LLC
Ref. Number: L17000081440

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Stacey M Warren
Regulatory Specialist II

Letter Number: 117A00015659

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rejuva Stem Cell Clinics, 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:

Graham Adam Bunce

Name of Person

Rejuva Stem Cell Clinics

Firm/Company

2151 S. Hwy. A1A Alt., Suite #650

Address

Jupiter, FL 33477

City/State and Zip Code

BunceAdam@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Bunce

Name of Person

at (843) 861-4737

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**

Rejwa Stem Cell Clinics, 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 April 11, 2017 and assigned Florida document number L17000081440.

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)

2151 South Hwy A1A Alt.
Suite 650
Jupiter, FL 33477

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

168 Andros Harbour Place
Jupiter, FL 33458

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

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

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TALLAHASSEE, 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

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|--------------------------|---|
| MGR | Graham Adam Bunce | 168 Andros Harbour Place | <input checked="" type="checkbox"/> Add |
| | | Jupiter, FL 33458 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

(b) The 90th day after the record is filed.

Dated _____, _____.

Mitler PC

Signature of a member or authorized representative of a member

Michael W. Tillman

Typed or printed name of signee

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