## L170000083716

Office Use Only



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D SCOTT JUL 17 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HCK Wellness Name of Limited 1	LLC.
Name of Limited I	Liability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	e following:
Domini	Name of Person
Hck	Firm/Company
1290 ta	nstone Drive
Saint Jo	hms, FL 32259-3182 ty/State and Zip Code
Hck well vo	used for future annual report notification)
For further information concerning this matter, please call:	
Dominic Alvord Name of Person	at (830), 992 5976 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
\$25.00 Filing Fee \$\simeg\$ \$30.00 Filing Fee & Certificate of Status	1 \$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HCK Wellness 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 $\frac{\alpha p r^{\frac{1}{2}} - 21}{21}$ Florida document number $\frac{L/70000887776}{21}$ .	2017 and assigned
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, <u>e</u> registered agent and/or the new registered office address here:	nter the name of the new
Name of New Registered Agent:	記りつ
New Registered Office Address:	
Enter Florida street address	- F M
, Florid	a Zin Code
New Registered Agent's Signature, if changing Registered Agent:	00
I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe	or diargo to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
AR	Pominic T. Alvor	1290 Tanger'ne Dr SAMT Johns, FL 32259-3182	<b>_ ☑</b> Add
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Dominie T. Alvord Typed or printed name of signee	17 Jul. 14

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Filing Fee: \$25.00