

L17000097721

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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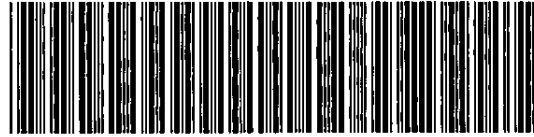
(Business Entity Name)

(Document Number)

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

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17 MAY 30 PM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 01 2017

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# **VETERAN MEDICAL, LLC**

**Friday, May 26, 2017**

**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

**Sent Via FEDEX Overnight Delivery- 7792 4411 6466**

**In Re: Veteran Medical, LLC  
Florida Doc: L17000097721**

**Please find enclosed the completed Florida Department of State Division of Corporations Articles of Amendment to Articles of Organization for Veteran Medical, LLC.**

**Should you require any further action or information from this end, please let me know as we make our best efforts to comply with the requirements mandated by the State.**

**Respectfully,**

**Steven King  
Corporate Compliance Officer  
Licensing@LiveWellHoldings.net  
DIRECT: 305-455-3862  
Facsimile: 954-436-4263**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VETERANS MEDICAL, 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:

STEVEN KING

Name of Person

LIVEWELL HOLDINGS, LLC

Firm/Company

3640 ENTERPRISE WAY

Address

MIRAMAR, FL 33025

City/State and Zip Code

LICENSING@LIVEWELLHOLDINGS.NET

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

For further information concerning this matter, please call:

STEVEN KING

305 455-3862  
at ( )

Name of Person

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**

VETERANS MEDICAL, 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 05/02/2017 and assigned  
Florida document number L17000097721.

This amendment is submitted to amend the following:

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

VETERAN MEDICAL, 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)

**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

*City*

*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
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TALLAHASSEE, FLORIDA

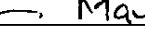
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TALLAHASSEE, FL

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(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)

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.

May 26, 2017  
  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

STEVEN KING

Typed or printed name of signee