

L17000111549

(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:

Office Use Only



000305321960

11/08/17--01011--022 \*\*25.00

FILED  
17 NOV -6 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

NOV 08 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALIVE 4 HEALTH 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:

JARED MURRAY

Name of Person

ALIVE 4 HEALTH LLC

Firm/Company

P.O. BOX 409, NEW LONDON, WI 54961

Address

JACKSONVILLE, FL 32211

City/State and Zip Code

josephgates123@gmail.com

/jared@alive4health.com

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

For further information concerning this matter, please call:

Jospeh Gates

OR JARED MURRAY

at (

904

442-1719

/920-250-0520

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**

ALIVE4HEALTH

(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 MAY 22, 2017 and assigned  
Florida document number L17000111549.

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)**

410 JACKSONVILLE DRIVE

JACKSONVILLE BEACH, FLORIDA 32250

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

410 JACKSONVILLE DRIVE,

JACKSONVILLE BEACH, FLORIDA 32250

**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:

Jared Murray

New Registered Office Address:

410 JACKSONVILLE DRIVE

*Enter Florida street address*

JACKSONVILLE BEACH

Florida 32250

*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

FILED  
NOV - 6  
10:55  
STATE  
OF FLORIDA  
CLERK

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>
OPERAT	DR. MARTIN MONIHAN	419 ANASTASIA BLVD., STE.A,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VICE OP	JARED MURRAY	419 ANASTASIA BLVD, STE. A,	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
OPERAT	JARED MURRAY	410 JACKSONVILLE DRIVE, JA	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED  
17 NOV -6 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

  
Signature of a member or authorized representative of a member

Jared Murray  
Typed or printed name of signee

FILED  
17 NOV -6 AM 10:50  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA