

L17000121321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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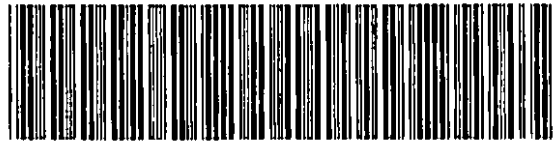
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JAN 9 PM 10:54

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rebound Wellness Centers, 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:

Cathy A Claud

Name of Person

Rebound Wellness Centers, LLC

Firm/Company

5829 Corporate Way

Address

West Palm Beach, FL

City/State and Zip Code

cathyclaud@comcast.net

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

For further information concerning this matter, please call:

Cathy A Claud

561 722-8055
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**

Rebound Wellness Centers, 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 06/02/2017 and assigned
Florida document number L17000121321

This amendment is submitted to amend the following:

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

NA

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)

5829 Corporate Way

West Palm Beach, FL

33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5829 Corporate Way

West Palm Beach, FL

33407

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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: Sean Nasiff

New Registered Office Address: 5829 Corporate Way

Enter Florida street address

West Palm Beach, Florida 33407
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>
Mgr	Cathy Claud	143 Cocoplum Lane	<input type="checkbox"/> Add
		Royal Palm Beach, FL	<input checked="" type="checkbox"/> Remove
		33411	<input type="checkbox"/> Change
MGR	Sean Nasiff	5829 Corporate Way	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL	<input type="checkbox"/> Remove
		33407	<input type="checkbox"/> Change
MGR	Leo Oberlander	78 Birchwood Drive	<input checked="" type="checkbox"/> Add
		South Huntington, NY	<input type="checkbox"/> Remove
		11746	<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

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

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E. Effective date, if other than the date of filing: 1/5/2018 (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 January 5, 2018

Cathy A. Claud
Signature of a member or authorized representative of a member

Cathy A Claud
Typed or printed name of signer