

**U7000121321**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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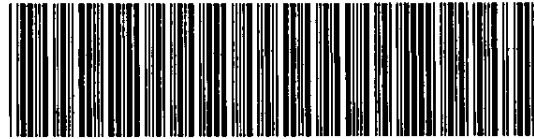
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
18 APR 26 PM 3:52

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APR 27 2018

## 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 33407

City/State and Zip Code

cclaud@reboundinstitute.com

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

For further information concerning this matter, please call:

Cathy A Claud

561 561-722-8055  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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)

5713 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:

Cathy A Claud

New Registered Office Address:

5713 Corporate Way, Suite 101

*Enter Florida street address*

West Palm Beach

*City*

Florida 33407

*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	Sean Nasiff	5829 Corporate Way	<input type="checkbox"/> Add
		West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Leo Obeerlander	78 Birchwood Drive	<input type="checkbox"/> Add
		South Huntington, NY 11746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr.	Anthony Santye	140 Faorview Road	<input checked="" type="checkbox"/> Add
		Skillman, New Jersey 08558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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.)

NA

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 4/24/2018 (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

N/A

Cathy A. Claud

Signature of a member or authorized representative of a member

Cathy Claud

Typed or printed name of signee