

L17000177295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

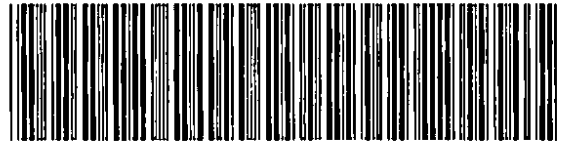
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17 DEC 27 PM 12:46
JULIENNE S. WARREN
TALLAHASSEE, FLORIDA

S. WARREN

DEC 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2017

JANEL MAYER
2021 N LEMAND BLVD, APT. 2213
TAMPA, FL 33607

SUBJECT: COMPLETE WELLNESS AND REJUVENATION LLC
Ref. Number: L17000177295

We have received your document for COMPLETE WELLNESS AND REJUVENATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 2 AND PAGE 3 W/SIGNATURE

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00025000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Wellness and Rejuvenation 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:

Janet Meyer
Name of Person

Complete Wellness and Rejuvenation LLC
Firm/Company

2021
2021 N Lemans Blvd Apt 2013
Address

Tampa, FL 33607
City/State and Zip Code

JanetMS17@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Meyer at (570) 651 0007
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Complete Wellness and Rejuvenation, 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 8/18/17 and assigned Florida document number 117000177295.

This amendment is submitted to amend the following:

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

Pure Wellness and Rejuvenation, 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)

1220 S Dale Mabry Hwy
Ste 206
Tampa FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2001 N Lemons Blvd Apt 2013
Tampa, FL 33607

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:

1220 S Dale Mabry Hwy Ste 206
Enter Florida street address
Tampa, Florida 33629
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

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PM 12:46
STATE OF FLORIDA

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
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

[illegible]

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.

⌈Dated⌋ 12/23/17

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U.S. DISTRICT COURT
SOUTHERD DISTRICT
FLORIDA