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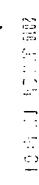
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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IM 25 Min

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	CellWell En	ergy Therapy, LLC		
Joby Ect.		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Robert O Figueredo		
			Name of Person	
		CellWell Energy Therapy, i	LLC	
			Firm/Company	
		1394 Coral Way		
			Address	
		Miami, FL33145		
		rof@biomag.net	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	d1:	
Robert O Fi	gueredo		305 331.5966	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	e following amount:		
⊠ \$25,00 F	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)

TO:

Registration Section

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.

CellWell Energy Therapy, LLC	EIN:82-3665214	
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number		nd assigned
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 abbreviati	on "L!Li.C."
Enter new principal offices address, if applicable:	<u> </u>	· '-
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		
		F
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)	b	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the n s here:	ame of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip:	Code

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>	Address	Type of Action
MGR	Robert O Figueredo	1394 Coral Way, Miami, FL 33145	🖨 Add
			□ Remove
			Change
MGR	Mercedes Vasquez		
			□ Remove
		1394 Coral Way, Miami, FL 33145	■ Change
			Add
			□ Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

	name Mercedes).		
			
			
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Note: If the date inserted in this	must be specific and cannot be prior to di- block does not meet the applicable	ate of filing or more than 90 days after	filing.) Pursuant to 605.020
ocument's effective date on the	Department of State's records.	, , ,	
e record specifies a delay The 90th day after the re	red effective date, but not a ecord is filed.	n effective time, at 12:01 a	a.m. on the earlier o
January 16	2018	_	
- January 10 - 1		~ A	
Pated Level C	D. Farmanda	d representative of a member	76-3
Dated	Signature of a member or authorize Robert O Figueredo and M		

Page 3 of 3

Filing Fee: \$25.00