LI7000255413

(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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SUBJECT		tness-Pinecrest, LLC		
or of the first of the	••••••	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Nathan M. Wheat, Esq.		
		· ····	Name of Person	
		Murray, Morin & Hermar	a, PA	
			Firm/Company	
		101 E. Kennedy Blvd., Su	ite 1810	
			Address	
		Tampa, Florida 33602		
			City/State and Zip Code	
		nwheat@mmhlaw.com		
		E-mail address: (to be used for future annual report notification	1)
For further	information c	oncerning this matter, please c	ail:	
Nathan M.	Wheat		813 222-1800	
	Name of	f Person	at () Area Code — Daytime Telep	nhone Number
Enclosed is	a check for th	e following amount:		
₩ \$25.00	Filing Fee	S30.00 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)
	uling Address		Street Address:	
	gistration S	lection proprations	Registration Section Division of Corporat	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2020

NATHAN M. WHEAT, ESQ. MURRAY MORIN & HERMAN PA 101 E. KENNEDY BLVD - STE. 1810 TAMPA, FL 33602

SUBJECT: BODOGY FITNESS - PINECREST, LLC Ref. Number: L17000255913

We have received your document for BODOGY FITNESS - PINECREST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2018 annual report/uniform business report and must reinstate before this document can be filed.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2018 through 2020; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 520A00007189

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	OF ORGANIZATION
Bodogy Fitness-Pinecrest, LLC <u>Name of the Limited Liability</u> (A Florida I	IO OF ORGANIZATION OF OF Company as it now appears on our records.) imited 1 iability Company) mpany were filed on December 15, 2017 and assigned
The Articles of Organization for this Limited Liability Con Florida document number <u>L17000255913</u> This amendment is submitted to amend the following:	mpany were filed on December 15, 2017 and assigned
A. If amending name, enter the new name of the limite Antidote Wellness Labs-Pinecrest, LLC	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	d Liability Company." the designation "LLC" or the abbreviation "LLC." (no change) (SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(no change)
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Nathan N	M. Wheat

New Registered Office Address:

z

101 E. Kenned	/ Blvd., Suite 1810	
	Enter Florida street address	

Tampa	. Florida ³³⁶⁰²		33602	
	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>	Name	Address	Type of Action
AMBR	Antidote IP Holdings, LLC	1201 Orange Street, Suite 600	🖻 Add
		Wilmington, Delaware 19801	CRemove
			E`Change
AMBR	Bodogy Holdings, LLC	1201 Orange Street, Suite 600	🗆 Add
		Wilmington, Delaware 19801	🔤 Remove
			□Change
			🖸 Add
			🖾 Remove
			Change
	<u> </u>		🗆 Ada
		·	CRemove
			Change
			Add
		· · · · <u>-</u>	🗆 Remove
		<u> </u>	□Change
		· · · · · · · · · · · · · · · · · · ·	⊟Add
		<u> </u>	C.Remove
		·	TChange

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

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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.

March 13 Dated	2020
1 million and the second	Signature of a member or authorized representative of a member
Paco A	spuru, Manager of Authorized Member
	Typed or printed name of signee

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