

L18000066684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

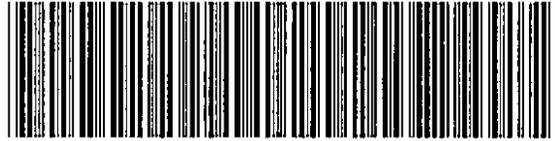
(Business Entity Name)

(Document Number)

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20 JAN -6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS
FEB - 3 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Acupuncture Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candice Gallion
Name of Person

Acupuncture Solutions
Firm/Company

1146th Ave Suite 2,
Address

INDIALANTIC FL 32903
City/State and Zip Code

Candice.gallion@gmail.com
E-mail address: (do not be used for future annual report notification)

For further information concerning this matter, please call:

Candice Gallion at (321) 446-7652
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)

Already mailed.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Acapuncture Solutions 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 _____ and assigned Florida document number _____.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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0 JAN - 6 PM 12:20
CLERK OF COUNTY COURT
JACKSONVILLE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Candice Gallian

New Registered Office Address:

114 6th Ave Ste 2
Enter Florida street address

Indianapolis, Florida 32903
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.

C. Gallian
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	Candice Gallion	114 6 th Ave, Ste 2, Indialabe	<input checked="" type="checkbox"/> Add FL. 32903
		/	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jere Nicholson	114 6 th Ave Ste 2, Indialabe	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		FL. 32903	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The former EIN of Acupuncture
Solutions needs to be changed from
Terri Nicholson's EIN of
82-4721501

to

The new owner - Candice Gallucci's
EIN 84-4128451

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20 JAN - 6 PM 12:21
STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

E. Effective date, if other than the date of filing: 01/01/2020 (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 01/01/2020

Terri Nicholson
Signature of a member or authorized representative of a member

Terri Nicholson

Typed or printed name of signee