

L18000096926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

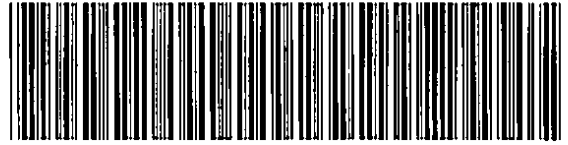
(Business Entity Name)

(Document Number)

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2019 MAR 22 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T.G.
04/02/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Wellness Solutions, 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:

Natasha Lightfoot
Name of Person

American Wellness Solutions LLC
Firm/Company

37 Rippling Brook Dr
Address

Palm Coast FL 32164
City/State and Zip Code

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

APPROVED
AND
FILED
2019 MAR 22 PM 6:12
CLERK OF THE STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Natasha Lightfoot at (386) 263-2124
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)

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**

American Wellness 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 4/17/18 and assigned Florida document number L18000096926

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)

37 Rippling Brook Dr
Palm Coast FL 32164
37 Rippling Brook Dr
Palm Coast FL 32164

APPROVED
AND
FILED
MAY 22 PM 2:00
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, 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:

New Registered Office Address:

37 Rippling Brook Dr
Enter Florida street address
Palm Coast Florida 32164
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Notasha Lightfoot	37 Rippling Brook Dr.	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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APPROVED
AND
FILED
2019 MAR 22 PM 6:12
COUNTY CLERK
PALM BEACH COUNTY, FL

2019 MAR 22 PM 6:12
SECRETARY OF STATE
FALL ARREST. FI. (NO)

APPROVED
AND
FILED

2019 MAR 22 PM 6:12
SECRETARY OF STATE
FALL ARRESTS, FIOPRO

(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)

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 march 20th . 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Natasha Lightfoot
Typed or printed name of signee

Typed or printed name of signee