

L 8000110496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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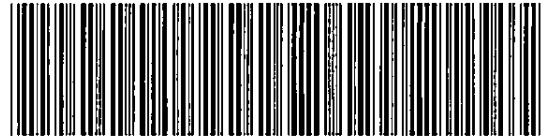
(Business Entity Name)

(Document Number)

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2024 APR -3 PM 12:16
SECY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLSPRING HEALTH, 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:

Justin S. Munizzi

Name of Person

The Munizzi Law Firm

Firm/Company

101 N. Woodland Blvd., Suite 601

Address

DeLand, FL 32720

City/State and Zip Code

Legal@munizzilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin S. Munizzi

407

501-5500

at ()

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 Address:

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

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SEC. OF STATE
TALLAHASSEE, FL

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

WELLSPRING HEALTH, 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 05/02/2018 and assigned
Florida document number L18000110496.

This amendment is submitted to amend the following:

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

Wellspring Health – Daytona Beach, 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)

2415 S. Volusia Ave.

Suite A-2

Orange City, FL 32763

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2415 S. Volusia Ave.

Suite A-2

Orange City, FL 32763

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:

MEDICOLEGAL CONSULTING, LLC

New Registered Office Address:

2415 S. Volusia Ave., Suite A-2

Enter Florida street address

Orange City

City

Florida 32763

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.

Leonard A. Rollman, DC

Leonard A. Rollman, DC (Mar 28, 2024 08:26 EDT)

If Changing Registered Agent, Signature of New Registered Agent

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2024 APR 3 PM 12:16
STATE
TALLAHASSEE, FL

MGR = Manager
AMBR = Authorized Member

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

[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.

Typed or printed name of signee

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