

L18000172682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

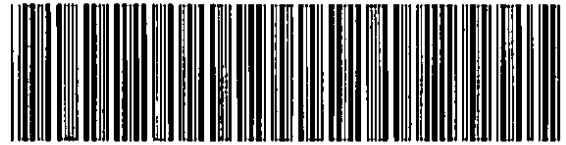
(Business Entity Name)

(Document Number)

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2019 MAR 19 PM 5:45

TALL... FILE



LISTEN. SOLVE. EMPOWER.

P: 330.253.5060 F: 330.253.1977 W: [bmdllc.com](http://bmdllc.com)  
75 East Market Street Akron, Ohio 44308

Shannan L. Mullenix  
Paralegal  
P: 330.374.7485  
F: 330.374.7486  
E: [slmullenix@bmdllc.com](mailto:slmullenix@bmdllc.com)

March 18, 2019

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find the Florida Articles of Amendment Form for filing for SHEKINAH HEALTH & WELLNESS CENTER LLC, along with check number 27511 in the amount of \$25.00 for the filing fee.

If you have any questions, please do not hesitate to contact me at 330.374.7485 or [slmullenix@bmdllc.com](mailto:slmullenix@bmdllc.com)

Thank you for your time and attention to this matter.

Sincerely,

*/s/ Shannan L. Mullenix*

Shannan L. Mullenix, Paralegal

Enclosures  
4828-8816-1420, v. 1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SHEKINAH HEALTH & WELLNESS CENTER 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:

AMANDA L. WAESCH, ESQ.

Name of Person

BRENNAN, MANNA & DIAMOND, LLC

Firm/Company

75 EAST MARKET STREET

Address

AKRON, OHIO 44308

City/State and Zip Code

ALWAESCH@BMDLLC.COM

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

For further information concerning this matter, please call:

AMANDA L. WAESCH, ESQ.

330 253-9185  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

2019 MAR 19 PM 5:45

SHEKINAH HEALTH & WELLNESS CENTER 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 JULY 18, 2018 and assigned  
Florida document number L18000172682.

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)

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:

*Enter Florida street address*

Florida

*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>
AMBR	Hermeline Kyria Blanc	250 Mt. Vernon Place	<input checked="" type="checkbox"/> Add
		Apt 11D	<input type="checkbox"/> Remove
		Newark, NJ 07106	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

Grand Russell

Typed or printed name of signee