

48000176297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

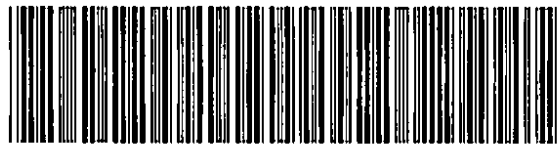
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/01/18--01012--008 **25.00

FILED
2018 AUG 15 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

n BRUCE
AUG 15 2018

August 14, 2018

Deborah Bruce
Florida Department of State
Division of Corporations
Via Fax: 850-245-6030

Dear Ms. Deborah Bruce:

I recently filed an amendment to change the name of my LLC from Pensacola Joints LLC to Emerald Coast Wellness LLC and was told by phone that the name change was denied as it was too similar to another company. I was told I would get a letter in the mail to submit another name but the letter has not come yet and I need to get my name changed as soon as possible.

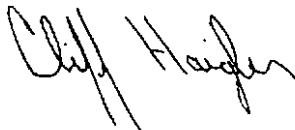
I talked with Carolyn (I believe that was her name) today and she said that I could submit another amendment with the different name that I want to use and that I could fax it to you. The name I would like to change the name to is Emerald Coast Health and Wellness.

The original filing for Pensacola Joints was on July 23, 2018 and the document number was L18000176297. I submitted a name change (and paid the \$25.00 fee) on July 25, 2018 for Emerald Coast Wellness LLC. I was informed that this name change was rejected on about August 10th but have not received a letter yet stating that. I would like to resubmit the amendment to change the name to Emerald Coast Health and Wellness LLC. I was told that there was no additional fee involved.

Could you please see the attached amendment and make sure everything is in order? If you can, could you please call me at 713-660-9000 or e-mail me at cliff@haigler.net to let me know you received this amendment and when it will be completed.

I very much appreciate your help in this matter.

Sincerely,



Cliff Haigler
Emerald Coast Health and Wellness, LLC
Cliff@Haigler.net
713-660-9000

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FLORIDA
DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2018

CLIFF HAIGLER
101 PALAFOX PL #13651
PENSACOLA, FL 32502

SUBJECT: PENSACOLA JOINTS LLC
Ref. Number: L18000176297

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PENSACOLA JOINTS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P01000022388.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 918A00016374

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Penscola Joints 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:

Cliff Haigler

Name of Person

Firm/Company

101 Palafox PI #13651

Address

Penscola, Florida 32502

City/State and Zip Code

cliff@haigler.net

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

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Cliff Haigler

713

660-9000

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Penscola Joints 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 23, 2018 and assigned Florida document number L18000176297

This amendment is submitted to amend the following:

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

Emerald Coast Health and Wellness 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)

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA
CLERK OF DISTRICT COURT

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

SECRETARY OF STATE
ITALY

2018 AUG 15 PM 2:45

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07/23/2018

E. Effective date, if other than the date of filing: _____ (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 August 14, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CLIFF HAIGLER

Typed or printed name of signee