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	Requestor's Name)
((requestors warne)
(,	Address)
	Address)
	City/State/Zip/Phone #)
Υ.	
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Canciel Instructions	to Elling Officer
Special Instructions	
<u>.</u> .	
	Office Use Only
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2019 APR - 2 A It: FILED **8**0 T LEWIEUX

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: _____Sunbelt Wellness Institute, LLC

DOCUMENT NUMBER: _____

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms. Kelly Chufo

Name of Contact Person

Sunbelt Health Solutions, LLC

Firm/ Company

8833 Perimeter Park Blvd., Suite 901

Address

Jacksonville Florida 32216-1114

City/ State and Zip Code

kchufo@sunbelthealthsolutions.com

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

For further information concerning this matter, please call:

at (<u>904</u>) 240-4784 Area Code & Daytime Telephone Number Ms Kelly Chufo Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Street Address Amendment Section

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 22, 2019

KELLY CHUFO 8833 PERIMER PARK BLVD STE 901 JACKSONVILLE, FL 32216-1114

SUBJECT: SUNBELT WELLNESS INSTITUTE, LLC Ref. Number: L18000189235

We have received your document for SUNBELT WELLNESS INSTITUTE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a LLC the document you sent in is for a Corporation.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 319A00005716

RECEIVED 2019APR - 2 PM 2:52

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. . .

FILED

lorida document number 1.18000189235 his amendment is submitted to amend the following: . If amending name, <u>enter the new name of the limited liability company here</u> :	
The Articles of Organization for this Limited Liability Company were filed on	
he Articles of Organization for this Limited Liability Company were filed on	
. If amending name, <u>enter the new name of the limited liability company here</u> :	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	
"he new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation	
	n "L.tC."
nter new principal offices address, if applicable:	
Principal office address MUST_BE A STREET ADDRESS)	
inter new mailing address, if applicable: 8833 Perimeter Park Blvd #901	
Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32216	

Manie of New Registered Agent.			
New Registered Office Address:	8833 Perimeter Park Blvd #901		
<u></u>	Enter Florida street address		
	Jacksonville	, Florida ³²²¹⁶	
	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager

.

.

AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Chris Merritt	<u>Address</u> 2601 Paulori Dr	Type of Action
AMBR		Orlando, FL 32835	Add
			📃 🗐 Remove
			Change
MGR	Nicholas M. Kalynych	7058 Snowy Canyon Dr. #105 Jacksonville, 51, 32256	🗆 Add
			🔤 🗌 Remove
			🖻 Change
AMGR	Cameron Cushenbery	3910 Charter House Dr. Jacksonville, FL 32224	🔤 Add
			Remove
			Change
AMGR	Efrain DeLeon	1565 Misty Lake Dr. Fleming Island, FL 32003	🗆 Add
			Remove
			Change
			Add
			Remove
			Change
		- <u>-</u>	Add
			Remove
			Change

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

;
:

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 27		
~~~~	the e	
	Signature of a member or authorized representative of a member	2r

Nicholas Kalynych

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00