

LIB000189235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 APR - 2 A 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
T. LEMMIEUX
APR 05 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sunbelt Wellness Institute, LLC

DOCUMENT NUMBER: 1.18000189235

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:

Ms Kelly Chufo

at (904)

240-4784

Name of Contact Person

Area Code & Daytime Telephone Number

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

2019 APR -2 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF HEALTH
TALLAHASSEE, FLORIDA

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	Chris Merritt	2601 Paulori Dr Orlando, FL 32835	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicholas M. Kalynych	7058 Snowy Canyon Dr. #105 Jacksonville, FL 32256	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMGR	Cameron Cushenbery	3910 Charter House Dr. Jacksonville, FL 32224	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMGR	Efrain DeLeon	1565 Misty Lake Dr. Fleming Island, FL 32003	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

Dated March 27, 2019

Typed or printed name of signee