L19000034505

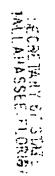
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(Address)
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(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	L WELLNESS THERAPY, LL	.C	
SUBJECT:	Name of Lim	nited Liability Company	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
	Amendment and fee(s) are sub ondence concerning this matter MISTY THOMPSON	-	All KRASSELLE
	NATURAL WELLNESS	Name of Person THERAPY, LLC	· Q
	6260 66TH ST. N.	Firm/Company	
	PINELLAS PARK, FL 33	Address 781	
	MISTYTHOMPSONLMT	City/State and Zip Code GMAIL.COM to be used for future annual report notif	
For further information of	e-mail address: (concerning this matter, please c	·	ication)
MISTY THOMPSON		727 2804954 at ()	
Name (of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he 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)
Regist	ANG ADDRESS: ration Section	STREET/COURING Registration Section Division of Compression	n

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

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

NATURAL WELLNESS THERAPY, LLC

ТО		
ARTICLES OF OR	GANIZATION	2010
OF		Market Polymers
NATURAL WELLNESS THERAPY, LLC		33
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we		and assigned
Florida document number L19000034505		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	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 registered agent and/or the new registered office address here:		enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office additional company has been notified in writing of this change.	formance of my duties, and vided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			П Кеточе
			Change
			🗆 Add
			□ Remove
			☐ Change
			O Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

6260 66TH ST. N.	
PINELLAS PARK, FL 33781	
	· · · · · · · · · · · · · · · · · · ·
REMOVE THE FOLLOWING	ADDRESS -
4315 78TH WAY N.	
ST. PETERSBURG, FL 33709	
	,
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	2/3/19
ective date, if other than the da	
effective date is listed, the date must be	ate of filing:
cument's effective date on the Department	
record specifies a delayed e he 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlied is filed.
·	
FEBURARY 18TH	2019
Sign	gnature of a member or authorized representative of a member
MISTY R. THOMPSON	
MISTER, HRAMI SON	Typed or printed name of signee

UPDATE ADDRESSES FOR BOTH REGISTERED AGENT AND AUTHORIZED PERSONS TO -

Page 3 of 3

Filing Fee: \$25.00