

L19000 037 874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

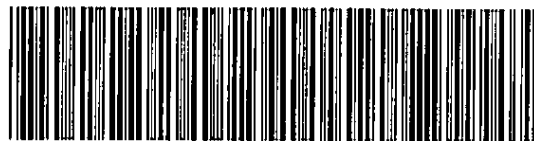
(Document Number)

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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 NOV 20 PM 4:17

NOV 20 2019
11:20 AM

COVER LETTER

TO: **Registration Section**
Division of Corporations

RECEIVED

2019 OCT -8 PM 3:40

SUBJECT: WELLNESS REVOLUTION OF FLORIDA, 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:

Betty Herberger

Name of Person

WELLNESS REVOLUTION OF FLORIDA, LLC

Firm/Company

2334 CAPTAIN KIDD DRIVE

Address

FERNANDINA BEACH, FL. 32034

City/State and Zip Code

bherberger7@gmail.com

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

For further information concerning this matter, please call:

MICHAEL W EDWARDS

904

849-1190

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

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DIVISION OF CORPORATIONS
19 NOV 20 PM 4:17

**TO
ARTICLES OF ORGANIZATION
OF**

WELLNESS REVOLUTION OF FLORIDA, LLC

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

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DIVISION OF CORPORATIONS
19 NOV 20 PM 4:17

The Articles of Organization for this Limited Liability Company were filed on February 06, 2019 and assigned
Florida document number L19000037874.

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Breakthroughs of North Florida, <u>LLC</u>	87003 Professional Way Yulee, Florida 32097	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Marty Edwards		<input type="checkbox"/> Add
		87003 Professional Way Yulee, Florida 32097	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	8 FLAGS CHIROPRACTIC, INC.	5211 S Fletcher Ave. Suite 250 Amelia Island, FL 32034	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	JAYDE GRAY		<input type="checkbox"/> Add
		829 S 10TH STREET FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	James Antun		<input type="checkbox"/> Add
		829 S 10TH STREET FERNANDINA BEACH, FL. 32034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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January 1, 2020

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 10/03/19



Signature of a member or authorized representative of a member

Betty Herberger

Typed or printed name of signee