

L19 0000 43882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

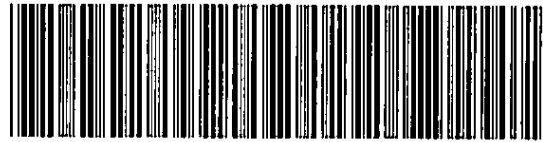
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY - 3 A 8 41
TALLAHASSEE, FL 32302-0000

04/15/19--010327523283

D SCOTT

MAY 6 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2019

MY GENERATION HEALTH & WELLNESS, LLC
9838 OLD BAY MEADOWS RD
117
JACKSONVILLE, FL 32256

SUBJECT: MY GENERATION HEALTH & WELLNESS, LLC
Ref. Number: L19000043882

We have received your document for MY GENERATION HEALTH & WELLNESS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please write out complete name of registered agent on Section B of the application (see attached).

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 219A00008393

2019 MAY -3 A 8:41
TALLAHASSEE, FL

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RECEIVED

MAY 03 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Generation Health & Wellness 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:

Julie Moody CPA
Name of Person
Bookkeeping & Accounting of Florida, Inc.
Firm/Company
9905 Old St Augustine Rd #501
Address
Jacksonville, FL 32257
City/State and Zip Code
jmoodye Banda - CPA.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Moody at 904 333 1041
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

TALLAHASSEE, FL 32301
2013 MAY - 3 AM 8:41
FILED

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

My Generation Health & Wellness, 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 2/12/19 and assigned Florida document number L19000043882

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 "LLC."

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:

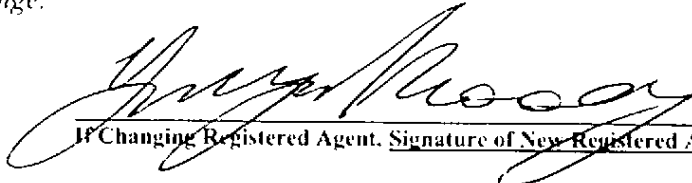
Name of New Registered Agent:

New Registered Office Address:

Bookkeeping & Accounting of Florida Inc.
Bookkeeping & Accounting of FL Inc
9905 Old St Augustine Rd #501
Enter Florida street address
Jacksonville Florida 32257
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>
<u>Mgr</u>	<u>Andrew Rinehart</u>	<u>9838 Old Baymeadows</u>	<input type="checkbox"/> Add
		<u>Jacksonville, FL 32256</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>Mgr</u>	<u>Bryant, Daniel</u>	<u>2301 NC 561 HWY W</u>	<input type="checkbox"/> Add
		<u>Woodland, NC 27897</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>Mgr</u>	<u>Bryant, Phillip</u>	<u>703 Sir Hunter Dr</u>	<input type="checkbox"/> Add
		<u>Greenville, NC 27858</u>	<input type="checkbox"/> Remove
			<input 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

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A 8 41
FALL AHSSE, FLORIDA

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

ALLIANCE
FLORIDA

E. Effective date, if other than the date of filing: 2/12/19 (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 4/11, 2019

Signature of a member or authorized representative

James A. Lovelock

Typed or printed name of signee