

L190000 64370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

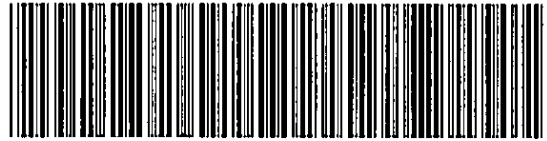
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GEMINI 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:

Charles Schwartz

\_\_\_\_\_  
Name of Person

Gemini Health & Wellness LLC

\_\_\_\_\_  
Firm/Company

3793 Oleander Avenue

\_\_\_\_\_  
Address

Fort Pierce, FL 34982

\_\_\_\_\_  
City/State and Zip Code

christinap@pharmlicensing.com

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

For further information concerning this matter, please call:

Charles Schwartz

772

242-0376

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



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

GEMINI HEALTH & WELLNESS LLC

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

2019 06-04 PM 12:07

The Articles of Organization for this Limited Liability Company were filed on 03/06/2019 and assigned  
Florida document number L19000064370.

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:**

3793 Oleander Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Pierce, FL 34982

**Enter new mailing address, if applicable:**

3793 Oleander Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Pierce, FL 34982

**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:

Charles Schwartz

New Registered Office Address:

3793 Oleander Avenue

*Enter Florida street address*

Fort Pierce

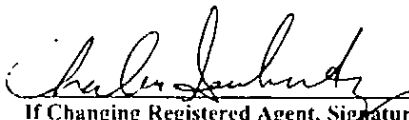
Florida 34982

*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>
MGR	Jacquelyn Magee	124 N. 2nd St Ste 5	<input type="checkbox"/> Add
		Fort Pierce, FL	<input checked="" type="checkbox"/> Remove
		34950	<input type="checkbox"/> Change
MGR	Charles Schwartz	3793 Oleander Ave	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL	<input type="checkbox"/> Remove
		34982	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change



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(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)

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.

September 18, 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Charles Schwartz.

Typed or printed name of signee