L19000097395

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Renewed Wellne Name of Limit	35 MEdical Centered Liability Company	x LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Josef	h TAYOR Name of Person	
	<u>Renewed</u> u	SELLAGSS MESTER CO	enter LLC
		GE Blud #176 Address	<u> </u>
	West Palm !	SEACH, FL. 33469 City/State and Zip Code	
	E-mail address: (10	Chewed wellness.net	Tication)
For further information c	oncerning this matter, please ca	II:	
	TAY/OR Person	at (<u>561</u>) 723 Area Code Daytime	- 776 / e Telephone Number
Enclosed is a check for the	ne 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

Renewed Wellness	Madical Contac LLC
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 1900047395</u> .	11/4/10
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 L	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	20 H
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PM 1: 55
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, enter the name of the new here:
New Registered Office Address:	Enter Florida street address
	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dr. Joseph Taylor	4047 CKEEChobes Blvd #126	Add
		4047 GKEECHOBEE Blud #126 West Palm Beach, FL. 33469	Remove
			Change
			🗆 Add
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Filing Fee: \$25.00