119000109385

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Duning Takita Nama)
(Business Entity Name)
(Document Number)
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Amend

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OCT 03 2019
I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: MIFFOR IMage Wellness LLC Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
	Julie-Ann Carpentieri Name of Person
	MITTOT Image Wellness LLC
	8025 Stirrup Cay CT
	Boynton Beach FL 33436 City/State and Zip Code
	E-mail address (to be used for inture annual report notification)
For furt	her information concerning this matter, please call:
Julia	2-Ann Corpentieri at (Sb1) 759-5878 Name of Person Area Code Daytime Telephone Number
	And Code Daytine Telephone Stander
Enclose	d is a check for the following amount:
> \$25	.00 Filing Fee

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, F1, 32301



September 13, 2019

JULIE-ANN CARPENTIERI 8025 STIRRUP CAY CT BOYNTON BEACH, FL 33436

SUBJECT: MIRROR IMAGE WELLNESS LLC

Ref. Number: L19000109385

We have received your document for MIRROR IMAGE WELLNESS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Letter Number: 819A00018948

Irene Albritton Regulatory Specialist II

19 SEP 30 P" 3: 01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	/ L	2000
Mirror Image Well (Name of the Limited Liability Comp. (A Florida Limited	Dess LLC any as it now appears on our records Liability Company)	1015
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L/9.000109.385}{}$.	v were filed on <u>4-18-19</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	•
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	1408 N Killian Suite 107 Lake PARK, FL	<u>Dr</u> 33403
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		, enter the name of the nev
New Registered Office Address:	Enter Florida street address	<u> </u>
	Fla	urida
	City	orida Ziv 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>	Name	Address	Type of Action
			D Add
			☐ Remove
			□ Change
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			Change
			
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			□ Change
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	ADDING Principal address
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n effec <u>ste:</u> - It	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
ted	September 25.7019. 1
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00