

L19000174117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

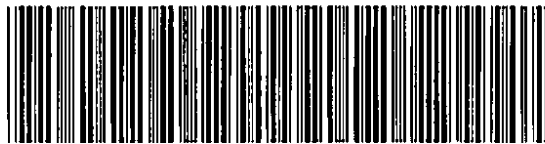
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300337891543

12/11/19--C1018--009 • 33.00

FILED

19 DEC 11 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



JAN 13 2020

TS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Premier Wellness Center of Palm Beach  
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:

Jean G. Dorgilus  
Name of Person

Firm/Company

2100 Lake Ida Rd, Ste 1  
Address

Delray Beach FL 33445  
City/State and Zip Code

ThePremierWellness@Gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean Garcia Dorgilus at (561) 572.7130  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

The Premier Wellness Center of Palm Beach

(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 7/5/2019 and assigned  
Florida document number L19000174117.

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**

2100 Lake Ida Rd, Ste 1  
Delray Beach FL 33445

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

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

2100 Lake Ida Rd, Ste 1  
Delray Beach FL 33445

**. 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:**

Colleen S. Dyer

**New Registered Office Address:**

2100 Lake Ida Rd Ste 1

Enter Florida street address

Delray Beach, Florida 33445  
City Zip Code

**With 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>
AMBR	Kesny Jasmin	5086 Starblaze Dr	<input type="checkbox"/> Add
		Greenacres FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joseph LeSpinasse	5086 Starblaze Dr.	<input type="checkbox"/> Add
		Greenacres FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/ resident	Colleen S. Dor	3171 Turtle Cv	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lynda Germal	2000 Greenview squares	<input type="checkbox"/> Add
		Apt # 315	<input checked="" type="checkbox"/> Remove
		Wellington FL 33414	<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

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

FILED  
19 DEC 11 PM 2:32  
SECURITY DIVISION  
FALLS CHURCH, VA 22034


Effective date, if other than the date of filing: 07/05/2019 (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.

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 December 10, 2019.

  
Signature of a member or authorized representative of a member

Colleen S. Dur

Typed or printed name of signee