

L19 000 208522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

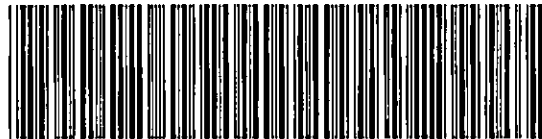
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FLORIDA
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 SEP 16 PM 5:35

FILED

SEP 16 2020
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2020

A THANGAVELU
1400 VILLAGE SQUARE BLVD STE 3-358
TALLAHASSEE, FL 32312

SUBJECT: WELLNESS MEDICAL, LLC
Ref. Number: L19000208522

We have received your document for WELLNESS MEDICAL, 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):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

WELLNESS MEDICAL CLINIC LLC - L20000227660

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 620A00015543

THANK YOU VERY MUCH MS. YOUNG!

BEST WISHES,

ARAS!
(229) 886-2398

www.sunbiz.org

2ND FILE

SUBJECT: WELLNESS MEDICAL LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

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

A. THANGAU at (850) 545-9376
Name of Person Area Code Daytime Telephone Number

☒ \$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)

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

WELLNESS MEDICAL, LLC

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

FILED
2020 SEP 16 PM 5:38
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

The Articles of Organization for this Limited Liability Company were filed on 2/11/20 and signed
Florida document number L190002085 22

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WELLNESS MEDICAL CLINIC, LLC

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)

1400 VILLAGE SQ BLVD, 3-258
TALLAHASSEE, FL 32312

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:

Enter Florida street address

Florida

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

[illegible]

[illegible]

(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.

Dated 06/30/2020

Anaife

Signature of a member or authorized representative of a member

ARASI TITANGAVALU

Typed or printed name of signee