

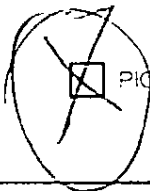
L19000208522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

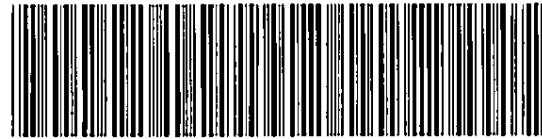
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TALLAHASSEE, FL

310



2021 FEB 25 PM 2:32

M. SULKER

FEB 26 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WELLNESS MEDICAL CLINIC, 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:

FRED FINNEY  
Name of Person

Firm/Company

1400 VILLAGE SQ BLVD, SUITE-3-258  
Address

TALLAHASSEE, FL-32312  
City/State and Zip Code

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

For further information concerning this matter, please call:

FRED FINNEY (850) 545-9376  
Name of Person at 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 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 CLINIC, LLC

(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 AUGUST 15 2019 and assigned Florida document number L19000208522

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, PLLC

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)

1400 VILLAGE SQ BLVD

3-258

TALLAHASSEE, FL 32312

**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:

Treatment Centers, PLLC

New Registered Office Address:

1400 VILLAGE SQ BLVD 3-258

*Enter Florida street address*

Tallahassee

*City*

Florida

32312

*State 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. 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**

**MGR =** Manager  
**AMBR =** Authorized Member

**AMBR = Authorized Member**

[illegible]

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

CHANGE TO ADDRESS MEDICAL  
OFFICE.

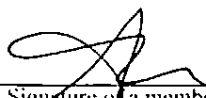
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

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 02 | 25 . 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee