Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000201105 3)))



H200002011053ABCL

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:				
	Division of Cor	rporations		
	Fax Number	: (850)617-6383		
From:				~,
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		Ožuz
	Account Number	: I2 000 0 000 19	, 2.7	g
	Phone	: (305)552-5973	:	إزال
	Fax Number	: (305)675-5944	٠.	2
				Ġ,
		_	, J	
**Enter	the email addres	s for this business entity to be used for	future	
anr	nual report maili	ings. Enter only one email address please.	***	
		-		
_	il Address:			သ

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDICAL WELLNESS CENTER LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

62 199 Electronic Filing Menu

ı C

Corporate Filing Menu

Help

U SIIKER

, 11 J

... .

Articles of Amendment to LLC Articles of Organization of
Medical Wellness Center 2LC.
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number
This amendment is submitted to amend the following:
(De are Requesting To Change All adress.
(De are Requesting To Change All adress. for 10031 SW 40 ST Nigmi Fl 33/65
7°21
These articles of amendment were adopted on 6/29/20
Dated 06/29/20 Signature of a member of authorized representative of a member ALFRED ALVAREZ
Typed or printed name of signee
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing