

L2000000 38743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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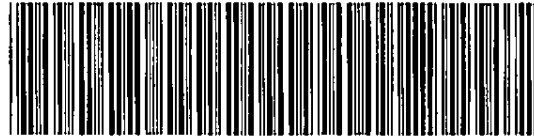
(Business Entity Name)

(Document Number)

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05/15/20--01012---008 **25.00

20 MAY 15 PM 3:49

JUN 01 2020
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL CITY WELLNESS, LLC
Name of Limited Liability Company

20 MAY 15 PM 3:49

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Troais L. Hightower

Name of Person

medical city wellness, LLC

Firm/Company

13054 Prairie Meadows Drive

Address

Orlando, FL 32837

City/State and Zip Code

toyhightower@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Troais L. Hightower at (407) 709-3535
Name of Person Area Code Daytime Telephone Number
407-709-3535

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**

Medical City Wellness LLC

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

20 MAY 15 PM 3:16

The Articles of Organization for this Limited Liability Company were filed on 01-30-20 and assigned
Florida document number L20000038743

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)

9296 Randal Park Blvd #21133
Orlando, FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 770135
Orlando, FL 32877

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:

Troais L. Hightower
~~112284~~ 9296 Randal Park Blvd #21133
Enter Florida street address
Orlando Florida 32832
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.


Troais L. Hightower
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>
<u>CEO</u>	<u>Toy L. Hightower</u>	<u>13054 Prairie meadows Dr</u>	<input type="checkbox"/> Add
		<u>Orlando, FL 32837</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>CEO</u>	<u>Troais L. Hightower</u>	<u>Troais L. Hightower</u>	<input checked="" type="checkbox"/> Add
		<u>9296 Randal Park Blvd</u>	<input type="checkbox"/> Remove
		<u>JH XXXX #21133</u>	<input type="checkbox"/> Change
		<u>Orlando, FL 32832</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)*

Correcting name spelling
updating address


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 5/7, 2020


Signature of a member or authorized representative of a member

Troais L. Hightower
Typed or printed name of signee