

L20 000 149937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

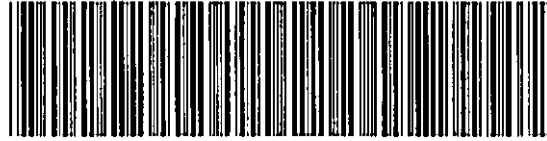
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400353950334

10/23/20--01010--010 \*\*25.00

FILED  
CLERK OF STATE  
CORPORATION  
20 OCT 23 PM 3:45

Amend/Name Change

DEC 03 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Revive Recovery LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Christina Thomas  
Name of Person

Revive Recovery LLC  
Firm/Company

3541 Bonita Bay Blvd #200  
Address

Bonita Springs, FL 34134  
City, State and Zip Code

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

For further information concerning this matter, please call:

Christina Thomas at (239) 272-7278  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input 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

20 OCT 23 PM 3:45

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

Revive Recovery LLC DBA Revive MedSpa  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED STATE  
CLERK OF CIRCUIT  
20 OCT 23 PM 3:45

The Articles of Organization for this Limited Liability Company were filed on 10/20/2020 and assigned Florida document number L240000149937.

This amendment is submitted to amend the following:

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

MYSELF Wellness 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)

MYSELF Wellness

3541 Bonita Bay Blvd #200  
Bonita Springs FL 34134

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

(Mailing address MAY BE A POST OFFICE BOX)

MYSELF Wellness

3541 Bonita Bay Blvd #200  
Bonita Springs FL 34134

**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:

Christina Thomas

New Registered Office Address:

3541 Bonita Bay Blvd

Enter Florida street address

Bonita Springs


City

Florida 34134

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Charles Blanton	Revive Recovery LLC	<input type="checkbox"/> Add
		3521 Bonita Bay Blvd	<input checked="" type="checkbox"/> Remove
		Bonita Springs FL 34134	<input type="checkbox"/> Change
AMBR	Christina Thomas	MySelf Wellness LLC	<input type="checkbox"/> Add
	-	3541 Bonita Bay Blvd #200	<input type="checkbox"/> Remove
		Bonita Springs, FL 34134	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.



Christina Thomas

Typed or printed name of signee