

L20000327202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

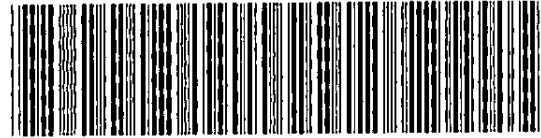
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

J. HORNE
DEC 11 2024

Office Use Only



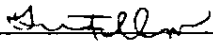
300439557043

FILED
2024 DEC 10 PM 12:08
CLERK OF DISTRICT COURT
JANUARY 10, 2025

FILED
2024 DEC 10 AM 10:55
CLERK OF DISTRICT COURT
JANUARY 10, 2025

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature 

Total Wellness of Aventura LLC L20000327262

 Walk in

 Will wait

 Certified Copies of the Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 X Amendment
 Resignation of R.A.
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of Authority
 Merger
 Amended and Restated Articles

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL

COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
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Authorization Signature *Antela*

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☐ Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL WELLNESS OF AVENTURA 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:

Amanda G. Nordelo

Name of Person

Jonathan H. Green & Associates, P.A.

Firm/Company

901 Ponce De Leon Boulevard, Suite 601

Address

Coral Gables, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda G. Nordelo

305 372-5100
at ()

Name of Person

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**

TOTAL WELLNESS OF AVENTURA LLC

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

FILED
DEC 10 PM 12:08
2020
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/15/2020 and assigned
Florida document number L20000327262.

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) _____

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FRAYND, GERMAN	20601 E Dixie Highway	<input type="checkbox"/> Add
		Suite 360	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	FRAYND, PAUL	20601 E Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 360	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	FRAYND, ALAN	20601 E Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 360	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	FRAYND, Yael	20601 E Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 360	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	MARIN, DIANA	20601 E Dixie Highway	<input checked="" type="checkbox"/> Add
		Suite 360	<input type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00