

4/20/2021

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RENU WELLNESS CENTERS FLORIDA, LLC**

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APR 21 2021

M. SOLOMON

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RENU WELLNESS CENTERS FLORIDA, 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:

Toffee Blum, Paralegal

Name of Person

Fox Rothschild LLP

Firm/Company

747 Constitution Drive, Ste. 100

Address

Exton

PA

19341-0673

City/State and Zip Code

ed@wilkinsonassoc.com

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

For further information concerning this matter, please call:

Toffee Blum, Paralegal

at (610)

458-4973

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

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

RENU WELLNESS CENTERS FLORIDA, 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 November 6, 2020 and assigned Florida document number L20000352899.

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:

Edward Wilkinson

New Registered Office Address:

8839 Bryan Dairy Road, Suite 215

Enter Florida street address

Largo

City

Florida 33777

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.

DocuSigned by:

Edward J. Wilkinson

If Changing Registered Agent, Signature of New Registered Agent

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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	Tim Parkhill	8839 Bryan Dairy Road, Suite 215	<input type="checkbox"/> Add
		Largo, FL 33777	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Renu Wellness Centers, LLC	1220 Valley Forge Road, Unit 23	<input checked="" type="checkbox"/> Add
		Phoenixville, PA 19460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edward Wilkinson	1220 Valley Forge Road, Unit 23	<input type="checkbox"/> Add
		Phoenixville, PA 19460	<input checked="" 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

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

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F. 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 April 19, 2021

DocuSigned by:

Edward J. Wilkinson

Signature of a member or authorized representative of a member

Edward Wilkinson, authorized representative on behalf of Renu Wellness Centers, LLC

Typed or printed name of signee

Filing Fee: \$25.00