03/11/2013 22:14 3052201440



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.

(((H24000096223 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:					
	Division of Co	rporations			
	Fax Number	: (850)617-6383			
From:			U <sup>r</sup>	20	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	55	2024	
	Account Number		<u> </u>	HA	
	Phone	: (305)552-5973	: ·	AR	· -
	Fax Number	: (305)675-5944	$\geq$		a state of
				$\sim$	Į
			ົຸ້		• ""
•••	nter the email a	ddress for this business entity to be used for fut		AM	مدر و مدر و
	annual report	mailings. Enter only one email address please.**	<u> </u>	ڢ	
	Email Address	:			
			ייי		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAJARDO WELLNESS CENTER LLC

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



lenu Corporate Filing Menu

Hclp

		We MNESS	('entra	+11	
Th	e Articles of Ora-	$W_{Q}$ livess	1. 171 1 m		
	5-2	anization for this Lim 2 - 2 and assign 2 - 2 + 2 = 2	ined Florida doc	npany were file ament nuraber	ed on
		endment is submitted			
	LEMOUR	Pfono 1	2 FALAR	DO Poni	A
	and	11 dealow	<b>A D </b>		02
		Ambr / address prat Way s			
			12-A		
- <u>CN</u>	age all	address	+0,		AN SS
7	235 Co	ral way s	urt 200	Here	<u>.</u>
~	3155				
ese articles	of amendment	were adopted on	_3/11/2	<u> </u>	
	21.1				*
rted	<u> </u>	<u> </u>			
		க			
		1/2			
	Signature of	f a member or authorized :			
	•		· ·	nember	
			LANFS		
		Typed or printed nam	•		
w Registere	d Agent's Signat	ture, if changing Regis	stered Agent:		
i any accept to ition.	ne appointment as a	registered agent. (an far	niliar with and acce	pt the obligations	of the
		$\vee$		-	
<u> </u>		- Mas			
	Sig	nature of New Registered	Agent, if changing		