

L220000146S01

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

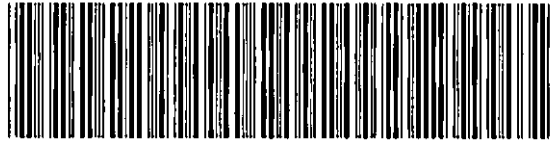
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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700389602027

LLC amend

06/15/22--01005--009 **35.00

2022 JUN 15 AM 8:51

FILED

DEPUTY CLERK OF
TALLAHASSEE, FLORIDA

2022 JUN 15 PM 2:55

RECEIVED

A. RAMSEY
JUN 16 2022

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BROWARD WELLNESS ASSOCIATES LLC

Signature _____

Requested by: seth

06/15/22

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROWARD WELLNESS ASSOCIATES 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:

DOBELIS, IVAR

Name of Person

BROWARD WELLNESS ASSOCIATES LLC

Firm/Company

825 CORAL RIDGE DRIVE, SUITE 103

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

ivarak75@gmail.com

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

For further information concerning this matter, please call:

DOBELIS, IVAR

305

596-9656

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**

FILED

2022 JUN 15 AM 8: 51

BROWARD WELLNESS ASSOCIATES 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 03/25/2022 and assigned
Florida document number 122000146801.

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)

825 CORAL RIDGE DRIVE

SUITE 103

CORAL SPRINGS, FL 33071

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

825 CORAL RIDGE DRIVE

SUITE 103

CORAL SPRINGS, FL 33071

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:

IVAR DOBELIS

New Registered Office Address:

825 CORAL RIDGE DRIVE, SUITE 103

Enter Florida street address

CORAL SPRINGS

City

Florida 33071

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

[illegible]

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

[illegible]

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 June 14th, 2022

Signature of a member or authorized representative of a member

IVAR DOBELIS

Typed or printed name of signee