

L22000 322665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

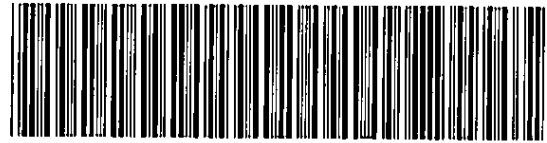
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN 13 2023

Office Use Only



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2023 JUN 12 AM 10:23  
SECRETARY  
TALLAHASSEE

2023 JUN 12 PM 4:31

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

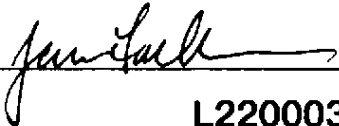
TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

**Please use funds from this account: I20210000160: \$25.00**

Authorization Signature: \_\_\_\_\_:



**EB WELLNESS CLINIC, LLC**

**L22000322665**

BUSINESS NAME

DOCUMENT #

\_\_\_ Certified Copy

\_\_\_ Certificate of Status

**NEW FILINGS**

- \_\_\_ Profit Corp
- \_\_\_ Not for Profit
- \_\_\_ Limited Liability
- \_\_\_ Domestication
- \_\_\_ Other
- \_\_\_ CORP
- \_\_\_ LLLP

**AMMENDMENTS**

- X Amendment**
- \_\_\_ Resignation of R.A. Officer/Director
- \_\_\_ Change of Registered Agent
- \_\_\_ Revocation of Dissolution
- \_\_\_ Merger
- \_\_\_ Articles of Conversion
- \_\_\_ Amended and restated Articles
- \_\_\_ Statement of Authority

**OTHER FILINGS**

- \_\_\_ Annual Report
- \_\_\_ Fictitious Name
- \_\_\_ APOSTILLE
- \_\_\_ Country

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign filing
- \_\_\_ Limited Partnership
- \_\_\_ Reinstatement
- \_\_\_ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

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BUSINESS NAME DOCUMENT #

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EB WELLNESS CLINIC, 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:

SHARONA O ELGAZAR  
Name of Person  
EB WELLNESS CLINIC, LLC  
Firm/Company  
12651 W. SUNRISE BLVD #102  
Address  
SUNRISE, FL 33323  
City/State and Zip Code  
Admin@ebwellnessclinic.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARONA O ELGAZAR 954 737-1717  
Name of Person at ( ) 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

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

EB WELLNESS CLINIC, 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 08/08/2022 and assigned  
Florida document number L22000322665.

This amendment is submitted to amend the following:

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

Young & Radiant 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)**

12651 W. SUNRISE BLVD

#102

SUNRISE, FL 33323

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

12651 W. SUNRISE BLVD

#102

SUNRISE, FL 33323

**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:

SHARONA O ELGAZAR

New Registered Office Address:

151 N. NOB HILL ROAD, #474

Enter Florida street address

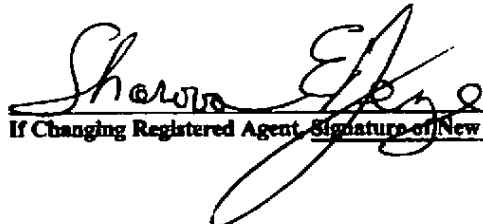
PLANTATION, \_\_\_\_\_, Florida 33324

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

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

SHARONA O ELGAZAR IS 55% OWNER

RONI ELGAZAR IS 45% OWNER

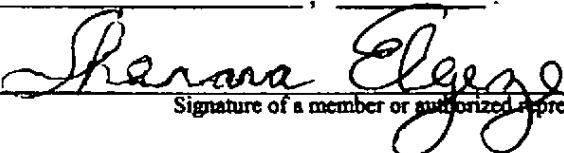
**E. Effective date, if other than the date of filing: 6/12/2023 (optional)**

(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 6/12/2023

  
Signature of a member or authorized representative of a member

SHARONA O ELGAZAR

Typed or printed name of signee