

L24000354961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL



12/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2024

NATHANIEL BUTLER
255 PINE ST
ATLANTIC BEACH, FL 32233

SUBJECT: CIRCLE OF CHI LLC
Ref. Number: L24000354961

We have received your document for CIRCLE OF CHI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the last page.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 624A00019497

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIRCLE OF CHI 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:

NATHANAEL BUTLER

Name of Person

CIRCLE OF CHI LLC

Firm/Company

255 PINE ST

Address

ATLANTIC BEACH, FL 32233

City/State and Zip Code

wellnesscenters@circleofchi.com

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

For further information concerning this matter, please call:

NATHANAEL BUTLER

413

387-5090

Name of Person

at ()

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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TALLAHASSEE, FL

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

CIRCLE OF CHI 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 08/13/2024 and assigned
Florida document number L24000354961.

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:

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TALLAHASSEE FL

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

= Manager
R = Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
LILLARD, RANDY	255 PINE ST	<input checked="" type="checkbox"/> Add
	ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
PAUL, DAVID	255 PINE ST	<input checked="" type="checkbox"/> Add
	ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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TALLAHASSEE, FL

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recommending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

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 document is filed.

Effective date: ~~November 30~~ ^{NB} November 30, 2024



Signature of a member or authorized representative of a member

Nathanael Butler

Typed or printed name of signee

Filing Fee: \$25.00