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DOCUI	MENT # L9800	00000151							-
TOTAL WELLNESS OPPORTUNITIES, L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Plac	e of Business	Mailing Address	Mailing Address			00 SEP 21	AM 11: 02	1/	
10061 E. BROADVIEW DRIVE		10061 E. BROADVIEW DRIVE				00 351 51	All III	\mathcal{A}	
BAY HARBOR	ISLANDS FL 33154	BAY HARBOR ISLANDS I	FL 33154			1 (Alticaco And (Alta (Alte Altic)	PIG SAIG BAGG BAGG BAGA		
2. Principal Place of Business		3. Mailing Address				\$ 100,110,11 010 16101 19111 9011 01	MII 88114 88111 88311 88101 4188	, -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SPACE		
City & State		City & State			4. FEIN 742			oplied For	
Zip Country		Zip	Country		1	ficate of Status Desired	\$5.00 Add	ot Applicable ditional	
6. Name and Address of Curren		t Registered Agent	<u> </u>		L	e and Address of New R	Fee Require	d	
•	gr regitto arta Additiono of warron			Name ST	4	BERNAR	DHMD)	
STERN, BERNARD H M.D.						umber is Not Acceptable	INCE SUE	- 303	
2424 N. FEDERAL HIGHWAY, SUITE 401 BOCA RATON FL 33431				101	<u> </u>	THAT COM C	MKZE JUIL	£ 203	
DOOMIN	1101112 00101		+	H VACKION	ARDO	- 1510000	FL ZingCog	154	
8. The above	named entity submits this statement	7 the purpose of changing its	registered				<u> </u>	134	•
	AA	Bernaro		stern m		Drew Leat	09/19/2	,,	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature required		ng)	DATE		
	,	FILE NO	OW!!! F	EE IS \$50.00	* ,				,
		Make Check Pa	yable to	Department o	f State			}	
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES		<u>~</u>
TITLE NAME	MGR THE BERNARD & ANTOINETTE STERN LOVING TRUS		TITLE NAME				Change	☐ Addition	(5) (5)
STREET ADDRESS 10061 E BROADVIEW DRIVE				ADDRESS					R2E083 (5/00)
CITY-ST-ZIP TITLE	BAY HARBOR ISLANDS FL 331	54 □ Delete	CITY-S	51-2IP			Change	☐ Addition	
NAME		_ 5333	NAME			700 <u>0034</u>		h	
STREET ADDRESS CITY-ST-ZIP			CITY-S	TADDRESS ST-ZIP		−1U/U2/ *****5	000101102 0.00 ****50		
TITLE		☐ Delete	TITLE		•		☐ Change	☐ Addition	
NAME STREET ADDRESS				ADDRESS		7000034 -10/02/	49577 ₌	_8	
CITY-ST-ZIP	*** -		CITY-S	ST-ZIP				25	
TITLE NAME		Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME . STREET ADDRESS			NAME STREET	ADDRESS				ŀ	
CITY-ST-ZIP			CITY-S						
TITLE 1		☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS			STREET	ADDRESS					
11. I hereby c	certify that the information supplied with	th this filing does not duality for	city-s	intion stated in Se	ection 119 (07(3)(i), Florida Statutes	I further certify that the in	nformation	
indicated limited lial	on this report is true and accurate an billity company or the receiver or truste	d that my signature shall have see empowered bexecute this	the same I	legal effect as if mediated by Chapt	nade under ter 608, Flo	oath; that I am a manag rida Statutes.	ing member or manage	r of the	
	CL N'	E LOCALINA	ク 内にい)		1	l	_]	
SIGNAT		RINTED NAME OF FIGHING MANAGING	MEMBER OR		Cyla	(C) (Date	2(305,86 Daytime Phone #	<u>ه ۱۲۲، د</u>	