

M190000001029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

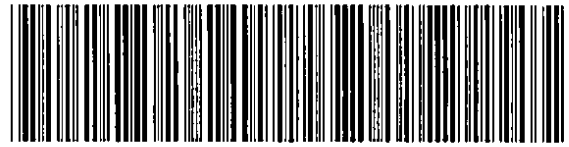
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

19 JUN 12 PM 3:21

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JUN 13 2019

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 6/12/2019

Acc#I20160000072

*en: c SW*

Name:	WILDLIGHT WELLNESS CENTER, LLC		
Document #:			
Order #:	11826244		

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	
	Plain: <input type="checkbox"/>	
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

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TALLAHASSEE, FL

Thank you!

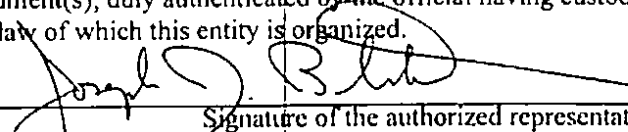


7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Joseph J. Balistreri

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "WILDLIGHT WELLNESS  
CENTER, LLC", CHANGING ITS NAME FROM "WILDLIGHT WELLNESS  
CENTER, LLC" TO "YULEE MEDICAL OFFICE BUILDING, LLC", FILED IN  
THIS OFFICE ON THE TWELFTH DAY OF JUNE, A.D. 2019, AT 12:18  
O'CLOCK P.M.

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AND  
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RECEIVED  
JUN 12 2019



  
Jeffrey W. Bullock, Secretary of State

CERTIFICATE OF AMENDMENT  
TO THE CERTIFICATE OF FORMATION OF  
WILDLIGHT WELLNESS CENTER, LLC

1. The name of the limited liability company is Wildlight Wellness Center, LLC.
2. Article 1 of the Certificate of Formation of the limited liability company is amended in its entirety to read as follows:
  1. The name of the limited liability company (the "Company") is Yulee Medical Office Building, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on this 12<sup>th</sup> day of June, 2019.

  
Joseph A. Balistreri, Sole Manager

APPROVED  
AND  
FILED

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