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COVER LETTER

	Registration Se Division of Cor			
SHRIEC	New Soluti	ons Wellness LLC		
SUBJEC	1:		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Anke Meyn		
			Name of Person	
		New Solutions Wellness L	LC	
Firm/Company			- - 111- 2	
		240 Eagleton Lake Blvd		
			Address	
		Palm Beach Gardens, FL 3	33418	
		·	City/State and Zip Code	
		ankedell@yahoo.com	to be used for future annual report noti	figation
For furthe	er information o	oncerning this matter, please c	·	neumon)
		oncerning this matter, picase c		
Anke Meyn		561 512-7695 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corporal Clifton Building 2661 Executive Ce	on rations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Solutions Wellness LLC				
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records. Company))	
The Articles of Organization for this Limited I Florida document number L14000194344	Liability Company were f	iled on 12/22/2014	and assi	gned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability co	mpany here:		
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC"	or the abbreviation "L.I	C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of		ddress on our records,	enter the name of	the new
Name of New Registered Agent:	Anke Meyn		\$\$ \lambda	er e e e contre
New Registered Office Address:	240 Eagleton Lake Blv		2 2 2	. "gry
		Enter Florida street address	17.1. 17.1.	
	Palm Beach Gardens		ida 33418: N	
	Cir	N	7in 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Dennis Terwilliger	240 Eagleton Lake Blvd	
		Palm Beach Gardens, FL 33418	■ Remove
			□ Change
AMBR	Anke Meyn	240 Eagleton Lake Blvd	
		Palm Beach Gardens, FL 33418	□ Remove
			Change
			□ Add
			☐ Remove
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Filing Fee: \$25.00