## LZO 000 144445

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Section

Name of Limi  Name of Limi  ndment and fec(s) are subsections on the state of the s			
ce concerning this matter			
ce concerning this matter			
_	to the following:		
YLEN OLIVA			
	Name of Person		<del></del>
	Firm/Company		<del></del>
0950 SW 119th CT			
	Address		
MAMI, FL 33177			
	City/State and Zip Coc	le	
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		ai report nonneation	I
		537-9495	
on	Area Code	Daytime Telepl	none Number
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\$30.00 Filing Fee & Certificate of Status	Certified Copy		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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	leneddy2@gmail.com E-mail address: (coming this matter, please coming this matter) on lowing amount: \$30.00 Filing Fee & Certificate of Status	City/State and Zip Cooleneddy2@gmail.com  E-mail address: (to be used for future annuating this matter, please call:	City/State and Zip Code  leneddy2@gmail.com  E-mail address: (to be used for future annual report notification)  ming this matter, please call:  at (

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR WELLN3SS ALF "LLC"		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recor ted Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Comp Florida document number L20000144445	any were filed on 05/27/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
YOUR WELLN3SS ALF LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		20
		. l . v 
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		Pii
		5.
	<del></del>	<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
	Enter Florida street addre	exs
<del></del>		Torida
	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 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>	Name	Address	Type of Action
MGR	AYLEN OLIVA		🗀 Add
			□Remove
		20950 SW 119TH CT MIAMI, FL 33177	<b>≣</b> Change
AMBR	INGRID BARRERAS		□Add
			□Remove
		6460 SW 129TH AVE MIAMI, FL 33183	<b>⊞</b> Change
			🗀 Add
			□Remove
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record specifies a delayed of is tiled.	ffective date, but	not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th d	ay after the
		2020				
ated		(M)a	<u> </u>			
ated	Signature	(M)a	Torized representa	itive of a member		