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SECRETARY OF STATE
TALLAHASSEE, FL

cf 5/7/2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wellington Lifestyle Partners, 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:

Amy DelValle

Name of Person

Wellington Lifestyle Partners, LLC

Firm/Company

13421 South Shore Blvd, Suite 203

Address

Wellington, FL 33414

City/State and Zip Code

amy.delvalle@wlpfl.com

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

For further information concerning this matter, please call:

Amy DelValle

561

469-1433 x 102

at (_____) _____

Name of Person

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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SECRETARY OF STATE
TALLAHASSEE, FL

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

If the 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 record is filed.

2025

Douglas McMahon

Filing Fee: \$25.00