L21000196827

(Re	equestor's Name)	-
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Special Instructions to	Filing Officer:	
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Cf 5/7/2025

COVER LETTER

TO:

TO: Registration Se Division of Con				
	Lifestyle Partners, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	Amy DelValle			
		Name of Person		
	Wellington Lifestyle Partr	ners, LLC		
		Firm/Company		
	13421 South Shore Blvd,	Suite 203		
		Address		
	Wellington, FL 33414			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	amy.delvalle@wlptl.com			
For further information c	oncerning this matter, please c	to be used for future annual report not all:	ilication)	
Amy DelValle		561 469-1433 x	102	
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S		Street Address:	action	
Division of C			Registration Section Division of Corporations	
P.O. Box 632 Tallahassee, I		The Centre of		
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 HAR 26 AM 11: 36

Wellington Lifestyle Partners, LLC (Name of the Limited Liability Company as it now appears on our records.) SEURETRIA COF STATE
(A Florida Limited Liability Company) TALL AHASSEF, FI The Articles of Organization for this Limited Liability Company were filed on $\frac{04/28/2021}{}$ and assigned Florida document number __L21000196827 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __

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
VP	Paige Bellissimo-Nunez	13421 South Shore Blvd, Suite 203	□Add
		Wellington, FL 33414	■Remove
			Change
			□Add
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It`an of <u>Note:</u>	ive date, if other than the date of filing:
e reco.	rd 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 led.
id is ii	
Dated	March 21, 2025
	March 21, Signature of a member or authorized representative of a member

Filing Fee: \$25.00