

L210004315783

Florida Department of State
Division of Corporations
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(((H21000431578 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BAND LAW GROUP, PL.
Account Number : I20090000020
Phone : (941)917-0505
Fax Number : (941)917-0506

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kvasiljev@bandlawgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ESSENCE FOR WELLNESS, LLC

Certificate of Status	0
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Page Count	04
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2021 NOV 23 PM 12: 19

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 23 PM 12: 29

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Handwritten mark

Audit # ((H21000431578 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESSENCE FOR WELLNESS, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/2021 and assigned Florida document number L21000409244

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:

1553 San Ignacio Avenue, Suite B

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33146

Enter new mailing address, if applicable:

1553 San Ignacio Avenue, Suite B

(Mailing address MAY BE A POST OFFICE BOX)

Coral Gables, FL 33146

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:

Gregory S. Band, Esq.

New Registered Office Address:

One South School Avenue, Suite 500

Enter Florida street address

Sarasota

City

Florida

342

Zip Code

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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

[Handwritten signature]

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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>	<u>Type of Action</u>
MGR	EDUARDO COSTA	1553 San Ignacio Avenue, Suite B	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUZIA COSTA	1553 San Ignacio Avenue, Suite B	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FAUSTO MARINHO	1553 San Ignacio Avenue, Suite B	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUDITE MARINHO	1553 San Ignacio Avenue, Suite B	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCOS KNIHS	1553 San Ignacio Avenue, Suite B	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAISA KNIHS	1553 San Ignacio Avenue, Suite B	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated November 22, 2021

Handwritten signature of Gregory S. Band

Signature of a member or authorized representative of a member

Gregory S. Band, Esq., Authorized Representative

Typed or printed name of signer

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