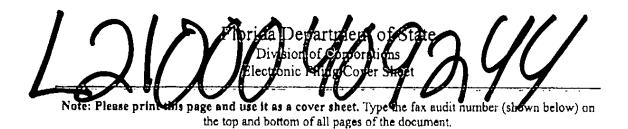
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.

Account Number : 120098000020 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.\*\*

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

Certificate of Status	<u> </u> 0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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## Qudit # (((H23000303866 3)))

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESSENCE FOR WELLNESS, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · · · · · · · · · · · · · · · ·		
The Articles of Organization for this Limited Liability Company were filed on				
Florida document mumber L21000409244				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	ollity company here:			
The new name must be distinguishable and contain the words "Limited Liab	illty Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3920 CORAL WAY			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33145			
Enter new mailing address, if applicable:	3920 CORAL WAY			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33145			
		292		
B. If amending the registered agent and/or registered office a	address on our records, eater the	name of the new register		
agent and/or the new registered office address here:		· j		
		<del></del> ,		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		- <u> </u>		
	Enter Florida street address	= 17		
	, Floric			
	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 Changing Registered Agent, Signature of New Registered Agent

# audi+# (((H23000303866 3)))

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

Title	Name	Address	Type of Action
MGR	EDUARDO COSTA	3920 CORAL WAY	
		MIAMI, FL 33145	□Remove
			■Change
MGR	LUZIA COSTA	3920 CORAL WAY	
		MIAMI, FL 33145	□Remove
			■ Change
MGR	JUDITE MARINHO	3920 CORAL WAY	□Add
	·	MIAMI, FL 33145	□Remove
			MrChange
MGR	MARCOS KNIHS	3920 CORAL WAY	
		MIAMI, FL 33145	⊡Remove
			■ Change
	MAISA KNIHS	3920 CORAL WAY	
		MIAMI, FL 33145	□Remove
			The Change
			□Add
			□Remove
			□Change

## Qualit # (((H23000303866 311)

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lfan effed <u>Note:</u> I	e date, if other than the date of filing:  [coptional]  It is date, if other than the date of filing:  [coptional]  It is date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant in 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to a ffective date on the Department of State's records.
e record ed is file	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
Dated _	august 31 2023.
Dated _	Signature of a member de authorized representative of a member
Dated _	A NA
Dated _	Signature of a-member of authorized representative of a member

Filing Fee: \$25.00