L23000072855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

NOV 13 2023

000410167590

2023 JUN 12 AM 8:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rever Wellness, 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:

Mercedes Deal
Name of Person

Rever Wellness
Firm/Company

811 Majorca Ave
Address

Coral Gables, Fl 33134
City/State and Zip Code

mercedes deal aprn @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercedes Deal at (305) 726 1288
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Rever 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 2/9/23 and assigned Florida document number L23000077855.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rever Wellness, Professional Limited Liability Compan

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)

2655 S. Le Jeune Rd
Suite 808
Coral Gables, FL 33134

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2655 S. Le Jeune Rd
Suite 808
Coral Gables, FL 33134

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 _____
City *Zip Code*

2023 FEB 12 PM 3:11

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

[redacted] from our records:

[redacted] to manage, enter the title, name, and address of each person being added

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☑Remove
			☐Change

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

1. Change from L.L.C to P.L.L.C because it is a professional run organization and would want the benefits of a PLLC for the company.
2. Updating principal P.L.L.C and mailing address to the following:
2655 S. Le Jeune Rd
Suite 808
Coral Gables, FL 33134

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 9/26/23

Signature of a member or authorized representative of a member

Mercedes Deal

Typed or printed name of signee

Filing Fee: $25.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2023

MERCEDES DEAL
811 MAJORCA AVE
CORAL GABLES, FL 33134

SUBJECT: REVER WELLNESS LLC
Ref. Number: L23000072855

We have received your document for REVER WELLNESS LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the new name of the Limited Liability Company in part (a).

The specific purpose of the entity must be set forth in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00022735

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2023

MERCEDES DEAL
811 MAJORCA AVE
CORAL GABLES, FL 33134

SUBJECT: REVER WELLNESS LLC
Ref. Number: L23000072855

We have received your document for REVER WELLNESS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for $25.00.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 423A00025548