## L23000073928

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Ďc	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer.			

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06/14/23--01012--010 \*\*25.00

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2023 JUNIT PM 6: 04

SECRETARY OF STATE





May 23, 2023

ENRIQUE COLMENARES 7384 SW 19TH ST. RD. MIAMI, FL 33155

SUBJECT: SUN & COL RE INVESTMENTS, LLC

Ref. Number: L23000073928

We have received your document for SUN & COL RE INVESTMENTS, 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.

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.

Letter Number: 823A00011812

Alecia Rivers Regulatory Specialist III

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUN & COL RE INVESTMENTS.	LLC				
(Name of the Limit	ed Liability Comp: (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Li Florida document number L23000073928			and assigned		
This amendment is submitted to amend the folio	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
MAYAN WELLNESS, LLC					
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		ENRIQUE F COLMENARES			
(Principal office address MUST BE A STREET	ADDRESS)	7384 SW 19th St Rd, Miami FL 33155	5		
			·n 2		
Enter new mailing address, if applicable:		7384 SW 19th St Rd. Miami FL 33155	F I		
(Mailing address MAY BE A POST OFFICE BOX)		<u>&gt;</u>	70 <b>F</b>		
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office a		OF RE OF STATE OF LEGISTERS		
Section of Office adultss	nerę.				
Name of New Registered Agent:	ENRIQUE F CO	DLMENARRS			
New Registered Office Address:	7384 SW 19th St Rd				
		Enter Florida street address			
	Miami	, Florida _ <sup>33</sup>	3155		
Now Posistand Ass. (1.6)		Ciny	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

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>	Address	Type of Action
MGR	ENRIQUE F COLMENARES	7384 SW 19th St, Miami FL, 33155	□Add
AMBR	CLAUDIA COLMENARES	151 CRANDON BLVD APT 734, KEY BISCAYNE	
			_
			□Change
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ote. If the tale inscried in this	nust be specific and cannot be prior to	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
ecord specifies a delayed effec	tive date, but not an effective tin	ne, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after the
is filed.			
is filed.  MARCH 24	2023		

Filing Fee: \$25.00