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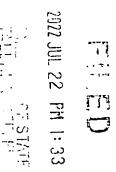
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER OCT 1 4 2022

## **COVER LETTER**

TO:

FO: Registration Section Division of Corporations	
SUBJECT: Sinear Wellness	
Name o	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this m	atter to the following:
	Morgan Shear
	Shear Weilness UC
	Firm/Company
	61 COMPO BLACH Rd
	Westport, Or Ub880 City/State and Zip Code
	Info a shear wellness of om
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	ase call:
Morgan Shear	at ( 646 ) 315 3593
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scertificate of State	
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Choose L. In HARCE LLD

(Name of the Limit	ed Liability Compai	ny as it now appe	ars on our records.) 22	2 Pil 1: 33
The Articles of Organization for this Limited Li Florida document number <u>L 20000 1587 1</u>	iability Company	were filed on _	6/9/20	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabi	ility company l	nere:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the	designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our	records, enter the	name of the new registered
Name of New Registered Agent:	Morgan			
New Registered Office Address:	1100 S.	Flagler [ Enter F	OY , UNIT 70 Porida street address	2
	West PC	LIM BLAC	بل Florida Florida	33401 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
	<del></del>		□Add
			□Remove
		<del></del>	□Change
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
			□Change
	<del>.</del>		
		<del></del>	□Remove
		<del>-</del>	☐ Change
			□Add
			□Remove
			□Change

mendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del> </del>	
n effectir ote:   If t	date, if other than the date of filing:  determined the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ecord sp is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ied	July 18th 2022
	Signature of a member or authorized representative of a member
	MORGON SNECOV Typed or printed name of signee