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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: WELLNESS VENTURES, II	NC.
DOCUMENT NUMBER: H02526	
The enclosed Articles of Amendment and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
George H. Knott, Esq.	
Name o Knott Ebelini Hart	f Contact Person
Fin	т/ Сотралу
1625 Hendry Street, Suite 301	
	Address
Fort Myers, Florida 33901	
City/ St	ite and Zip Code
tchurchill@cypressliving.org	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
George H. Knott, Esq.	at (239 334-2722
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certific	Filing Fee & S52.50 Filing Fee d Copy Certificate of Status nal copy is Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

WELLINESS VENTURES, INC.	
(Name of Corporation as cur	rently filed with the Florida Dept, of State)
02526	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	<u>n:</u>
CRG Advisory Services, Inc.	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A SEC
	88 88
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent N/A	
	(9)
(Florida	a street address)
New Registered Office Address:	, Florida
	(City) (7.ip Code)
New Registered Agent's Signature, if changing Registered Agent's	ent.
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
Signature of New	w Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	l I) (e), F.S.

If amending the Officers and/or Directors, cuter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title: P = President; V = Vice President; T = Treasurer; S - Secretary; D - Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sully Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: PT John Doc X_Change V X Remove Mike Jones X Add <u>\$V</u> Sally Smith Type of Action (Check One) <u>Addres</u>s Title Name N/A 1) ____ Change _ Add ___ Remove 2) ____ Change ___ Add Remove 3) ____ Change _____ Add __ Remove 4) ____ Change Add __ Remove 5) ____ Change __ Add __ Remove

6) ____ Change

__ Add

____ Remove

If amending or adding additional Articles, e Attach additional sheets, if necessary). (Be.	<u>enter change(s) here</u> : specific)
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	<u> </u>
	i -
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If an amendment provides for an exchange.	reclassification, or cancellation of issued shares,
provisions for implementing the amendmen	nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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	The date of each amendment(s) adoption:, if ot date this document was signed.	her than the
	Effective date if applicable:	
	(no more than 90 days after amendment file date)	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	isted as the
	Adoption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the incorporators. or board of directors without shareholder action and shareholder action was not required.	lder
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
	"The number of votes cast for the amendment(s) was were sufficient for approval	
	by"	
	(voting group)	
	Dated Soute when 4th 2024	
	THE CA	
	Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Troy Churchill	
	(Typed or printed name of person signing)	_
	President/CEO	
	(Title of person signing)	