

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
LO6000119925

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3538

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WELLNESS WATCHERS GLOBAL, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
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SECRETARY OF STATE
TALLAHASSEE, FL 09000

2022 AUG 19 AM 7:42

APPROVED
AND
FILED

2022 AUG 19 AM 8:48

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

WELLNESS WATCHERS GLOBAL, 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 12/18/2006 and assigned
Florida document number L06000119925

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

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 _____

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ZixCorp

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|-----------------------------------|--|
| MGRM | RMB INDUSTRIES INC. | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | D & D HAYES LLC | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Darren Minton | 3030 N ROCKY POINT DR STE 150A | <input type="checkbox"/> Add |
| | | TAMPA, FL 33607 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Alan Bergman | 3030 N ROCKY POINT DR STE 150A | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33607 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Alfonso J. Cervantes, Jr. | 3030 N ROCKY POINT DR STE 150A | <input checked="" type="checkbox"/> Add |
| | | TAMPA, FL 33607 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

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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.

(b) The 90th day after the record is filed.

Dated August 18th 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Darrel Minton

Typed or printed name of signee