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January 11, 2023

Via US First Class Mail

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Premier Wellness Centers LLC

To Whom It May Concern.

Please accept this letter as our request to file the following enclosed documents:

1) Articles of Amendment for Premier Wellness Centers LLC (2 copies).

I have enclosed Check Number 13456, in the amount of \$25.00, made payable to the Florida Department of State, to cover the filing fees associated therewith. Upon receipt, please file the enclosed document as soon as possible. Then, please return a date stamped copy of the enclosed Articles of Amendment to me in the self-addressed, stamped envelope provided, to provide evidence that the document has been filed.

Thank you for your attention to this matter and please do not hesitate to contact me directly at 801-527-1040 should you have any questions or if you should require any further documentation in order to process the enclosed filing.

Very truly yours.

Shelbie-Larsen

Paralegal to Spencer J. Witt, Esq.

SW/sjl Enclosures

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Wellness Centers LLC					
(Name of the Limited I	Jability Compa Florida Limited	my as it now appea Liability Company)	urs on our records.)		
Florida document number L08000018131		were filed on	2/20/2008	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company h	ere:		
The new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the	designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:		10198 SW Villa	age Parkway Suite 104		
(Principal office address MUST BE A STREET A		Port St Lucie, F	Florida 34987	· · · · · · · · · · · · · · · · · · ·	
Thicipus Office audress MOST DE A STREET A	IDDRESS)		-		
Enter new mailing address, if applicable:		10198 SW Villa	age Parkway Suite 104		
(Mailing address MAY BE A POST OFFICE BOX)	Port St Lucie, F	Florida 34987	:1		
		-		· 60	
B. If amending the registered agent and/or regis		address on our i	records, enter the nar		
igent and/or the new registered office address in	cic.				
Name of New Registered Agent:				dings.g.m.	
New Registered Office Address:	0198 SW Villa	ige Parkway Suite	104		
New Registered Office Address.	Enter Florida street address				
P	Port St Lucie		. Florida ³⁴	1987	
-		City		Zip Code	
New Registered Agent's Signature, if changing Regi	istered 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>Name</u>	<u>Address</u>	Type of Action
William J. Jensen	10198 SW Village Parkway Suite 104	
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	Port St Lucie, Florida 34987	
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neffective date is listed, the date must be specific and tee. If the date inserted in this block does not re	l cannot be prior to date neet the applicable st	of filing or more than 90 atutory filing requiren	days after filing.) Pur tents, this date will	suant to 605.0 not be listed
cument's effective date on the Department of S	state's records.			
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cord specifies a delayed effective date, but not s filed.	an effective time, at	12:01 a.m. on the car	ier of: (b) The 90	in day after i
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Cale aler	. <u>2021</u> 5			
Signature of a t	member or authorized	representative of a memb	er	
3.5.1				

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