## LCS CCC/16474

(Re	questor's Name)	
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## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:		E GROUP, LLC		
SOBSECT:		Name of Limite	ed Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return	all correspo	ndence concerning this matter to	the following:	
		Julissa Shikara		
		Well-Life Group, LLC	Name of Person	_
		P. O. Box 7728	Firm/Company	_
		Jupiter, FL 33468	Address	_
		julissats12@yahoo.com	City/State and Zip Code	_
For further in	nformation c	n-mail address: (to oncerning this matter, please call	be used for future annual report notification)	
Earl Bagan			954 665-6326 at ( )	
	Name o	f Person	Area Code Daytime Telephone Numb	er
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy al copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS; ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELL-LIFE GROUP, LLC	Tom 1 1 Pro-	
(Name of the Limi	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
		D ₩ 10 and assigned
Florida document number L08000115974	iability Company were filed on 12/22/2008 17 I	FYGRIGA
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the	vords "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
	POV	
(Mailing address MAY BE A POST OFFICE	<u>BUX)</u>	<del></del>
	or registered office address on our records,	enter the name of the ne
registered agent and/or the new registered of	tice address here:	
Name of New Registered Agent:	Andres Gonzalez	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Eloui	ed.,
	City . Flori	da Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
provisions of all statutes relative to the projection as reg	ed agent and agree to act in this capacity. I further and complete performance of my duties, and istered agent as provided for in Chapter 605, F., registered office address. I hereby confirm that change.	I am familiar with and S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and	d address of each person being ad	
MGR = M AMBR = A	lanager authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<del></del>				
			□ Remove	
			Change	
<u></u>			Add	
			Remove	
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			Remove	
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			□ Remove	
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			Remove	
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f amending any other informa	tion, enter change(s)	here: (Attach additional sheets, if necessary.)
<u></u>		
Effective date, if other than the	date of filing:	(optional)
If an effective date is listed, the date mus Note: If the date inserted in this bl	t be specific and cannot book does not meet the a	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as
document's effective date on the De		
he record specifies a delayed The 90th day after the rec	l effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier of
The Sour day area the rec		
Dated May 8.	2019	
1 1 ~1.	1	<del></del>
14/159 Sil	laa.	or authorized representative of a member
U	Signature of a member of	or authorized representative of a member
Julissa Shikara		
	Typed o	r printed name of signee
		Page 3 of 3

Filing Fee: \$25.00