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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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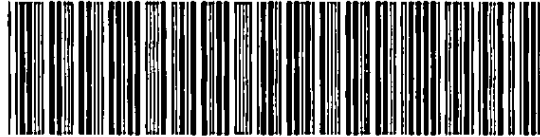
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C. GOLDEN

MAR 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lorriel Blaise Wellness Consulting, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Cannon

Name of Person

Underwood & Roberts, PLLC

Firm/Company

3110 Edwards Mill Road, Suite 100

Address

Raleigh, NC 27612

City/State and Zip Code

acannon@rlulaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Cannon

919

664-8803

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

UNDERWOOD & ROBERTS, PLLC

ATTORNEYS AT LAW

A PROFESSIONAL LIMITED LIABILITY COMPANY INCLUDING A PROFESSIONAL ASSOCIATION

Toll Free Telephone: 866-343-7874

E-mail: underwood@rlulaw.com

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Research Triangle Office
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Raleigh, NC 27612
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Fax: (407) 354-3840

Southern California/Nevada Office
2400 S. Cimarron Road #140,
Las Vegas, Nevada 89117
Tel: (702) 699-7333
Fax: (702) 699-7377

March 15, 2019

Florida Department of State
Registration Section/Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: LORRIEL BLAISE WELLNESS CONSULTING, LLC

Dear Sir/Madam:

I am submitting the Articles of Amendment to the Articles of Organization of Lorriel Blaise Wellness Consulting, LLC along with a check in the amount of \$25.00 for the filing fee.

If there are any questions regarding this filing, please contact me. Thank you for your assistance.

Andrea Cannon
acannon@rlulaw.com

3110 Edwards Mill Road, Suite 100
Raleigh, NC 27612
Tel: 919-664-8803 or 866-343-7874
Fax: 919-664-8975

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

FILED

Lorriel Blaise Wellness Consulting, LLC

2019 MAR 20 PM 6: 54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/05/2009 and assigned
Florida document number L09000095667.

This amendment is submitted to amend the following:

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

TLO3 Wellness, LLC

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

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

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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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.

Dated March 15, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee