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12 JUN 18 PH 2: 44
SECRETARY OF STATE

COVER LETTER

TO: Registration : Division of Co			às,	
SUBJECT:		Veliness LLC		
		ited Liability Company		·····
The enclosed Articles of	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
		Daniel Lopez-Calleja		
		Name of Person		
		Firm/Company		and the state of t
		6820 SW 28 St		
		Address		
		Miami, FL 33155 City/State and Zip Code		
		City/State and Zip Code		
	E-mail address: (to be used for future annual rep	ort notification)	
For further information	concerning this matter, please of	all:		
	el Lopez-Calleja	at (_305)	668-289	
Name 	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	S\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) (0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
MAILING ADDRESS:		STREET/	COURIER ADDR	tess:

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

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

ARTICLES OF AMENDMENT

· FILED TO ARTICLES OF ORGANIZATION 12 JUN 18 PH 2: 44 , OF

Soul Wellness LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/01/10 ____ and assigned The Articles of Organization for this Limited Liability Company were filed on L10000091968 Florida document number _____ 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 end with 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

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 608, 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.

, Florida _

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Mcmber **Title** Name <u>Address</u> Type of Action MGR Alex J. Sampedro 8961 SW 5 LN Miami, FL 33155 ✓ Remove MGR Monik Lopez-Calleja ✓ Add ☐ Remove 6850 SW 28 St Miami FL 33155 ☐ Add Remove ☐ Add 🕅 Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SECRETARY OF STATE ᄗ 8 Ÿ

Signature of a member or authorized representative of a member

Daniel Lopez-Calleja
Typed or printed name of signee

Page 2 of 2

Dated

Filing Fee: \$25.00