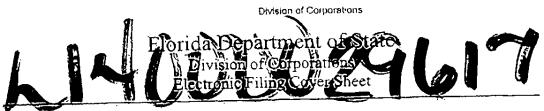
5/22/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

	To:	Division of Corporations			3744 70	191
		Fax Number : (850)617-63	83			F1 2019#AY 2
	from:	Account Name : EXPRESS COR Account Number : 12000000014 Phone : (305)444-49 Fax Number : (305)444-49	66 19 4	SERVICE INC		11 ED 12 AM 8: 2
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Electronic Filing Menu

Corporate Filing Menu

Help T GLASS MAY 2 3 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited)	ny as it now appears on our re Liability Company)	200 (115.)
The Articles of Organization for this Limited Liability Company	• • •	and assigned
Florida document number L14000029617		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
WELLNESS INTERIOR SPACES GROUP LLC		
he new name must be distinguishable and contain the words "Limited Liabi	hty 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)		<u> </u>
		22 Flor
Cuter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		* . W
		<u></u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	office address on our re- re:	
egistered agent and/or the new registered office address be	office address on our re- re: Enter Florida street	cords, enter the name of the new
egistered agent and/or the new registered office address her Name of New Registered Agent:	re:	cords, enter the name of the new
	re:	cords, enter the name of the new
Name of New Registered Agent:	Enter Florida street d	cords, enter the name of the new

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u> JENNIFER DIAZ NAPOLES	<u>Address</u> PO BOX 612317 NORTH	Type of Action
MGR	JENNIFER DIAZ NAPOLES	MIAMI BEACH, FL 33261	□ Add
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Dateu _	May 21	20t9-	1		,	 .
	Signature C	il a member or bir historia repres	Manny of a leasurer.	 		
	ROBERT THORNE			>		
	RODERT TOWNS	, yped or acaded authorite				
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		Page 3 of 3				