

5/22/2019

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H19000166073

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(((H19000166073 3)))



H190001660733ABCC

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2019 MAY 22 AM 8:26
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 INVESTRA PROPERTY SERVICES, LLC**

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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T GLASS

MAY 23 2019

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INVESTRA PROPERTY SERVICES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/20/2014 and assigned Florida document number L14000029617.

This amendment is submitted to amend the following:

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

WELLNESS INTERIOR SPACES GROUP 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)

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2019 MAY 22 AM 9:15
REC'D
MAY 22 2019
MAY 22 2019

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

_____, Florida _____
City Zip Code

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 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	JENNIFER DIAZ NAPOLES	PO BOX 612317 NORTH MIAMI BEACH, FL 33261	<input type="checkbox"/> Add
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Remove

Change

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 COUNTY OF MIAMI
 CLERK OF COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

SECRETARY OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES
1100 PENNSYLVANIA AVENUE
HARRISBURG, PA 17103-0001
TEL: 717-787-1500
WWW.PENNSYLVANIA.GOV

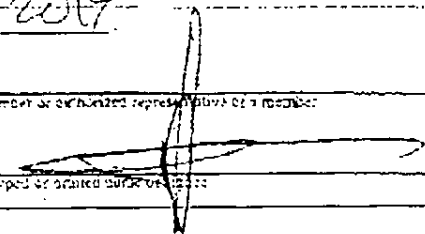
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AND
FILED

E. Effective date, if other than the date of filing: _____ (optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (a)(3)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Date: May 21 2019

Signature of a member or authorized representative of a member:

ROBERT THORNE
Typed or printed name of filer