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## **COVER LETTER**

TO:	Registration S Division of Co			
CUDIE		alth & Wellness, LLC		
SUBJE	<u> </u>	Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sub ondence concerning this matter	_	
		Adam Lewis		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Lewis Health & Wellness,	LLC	
			Firm/Company	
		5241 Millenia Blvd #108		
			Address	
		Orlando, FL 32839		
			City/State and Zip Code	
		adamlewisdc@gmail.com	to be used for future annual report	notification)
For fur	ther information	concerning this matter, please co	· · · · · · · · · · · · · · · · · · ·	normeanory
Adam	Lewis		513 608-853	3
	Name	of Person	at () Area Code Day	ytime Telephone Number
Enclos	ed is a check for	the following amount:		
\$2:	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lewis Health & Wellness, 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  $\frac{10/2/2014}{1}$ Florida document number \_\_\_\_\_L14000154033 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5241 Millenia Blvd #108 Enter new principal offices address, if applicable: Orlando, FL 32839 (Principal office address MUST BE A STREET ADDRESS) 5241 Millenia Blvd #108 Enter new mailing address, if applicable: Orlando, FL 32839 (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 Florida City

## 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 = M AMBR = A	anager uthorized Member		
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