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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	<i>t</i>)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
ASSEE FLORIDA

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COVER LETTER

	Division of Corpo	orations				
Sī	JBJECT:	S & S WELLNESS	الد			
			ted Liability Company			
Th	ne enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.			
Ple	ease return all correspond	dence concerning this matter t	to the following:			
		RACHEL E	. Settles D.C. Name of Person			
			Name of Person			
		***************************************	Firm/Company	****		
		1419 LYONSH	IRE OR. Address			
		14/2000 000				
		Wesley Cita	City/State and Zip Code	•		
		N8_ CHIR E-mail address: (t	2s O YAHOO. COM o be used for future annual report notific	eation)		
Fo	or further information con	ncerning this matter, please ca			2015 JAN -6 PM 3: SECRETARY OF STA TALLAHASSEE FLOR	
	Name of P	Person	at () Area Code Daytime	Telephone Number	AN -6 PM	
En	nclosed is a check for the	following amount:			3: 13 STATE ORIDA	
¥2	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

	ess uc	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	uility Company were filed on 11 20 2014	and assigned
Florida document number <u>L14000 18 48 30</u>		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		denominario de la companya de la co
Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ente	
egistered agent and/or the new registered offic	e auuress nere:	2015 SEC
Name of New Designand Accepts		AND
Name of New Registered Agent:	W	
New Registered Office Address:	Posser Florida state of James	## 3 11
	Enter Florida street address	STATE ORIO
	, Florida _	≥ Zip 90 de
	CIIY	P AND COMME

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	RACHEL E. SETTLES D.C.	1419 LYUNSHIRE DR	\tilde{\Lambda} Add
		WESLEY CHAPEL, FL 33543	Remove
			Add
			☐ Remove
			□ Remove
***************************************			□ Add
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ffectiv	date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
effective the	date, if other than the date of filing:
effective date the	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)

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Filing Fee: \$25.00

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TALLAHASSEEF STATE