

21500007619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

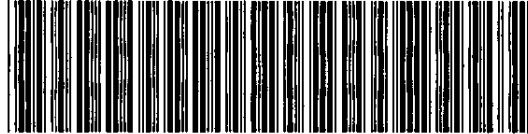
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100270248751

03/30/15--01011--003 **25.00

FILED
15 MAR 30 AM 8:06
STATE TAX OFFICE
TALLAHASSEE, FLORIDA

2.000000 APR 20 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

WELLNESS PRODUCTS, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER CHANEY

Name of Person

WELLNESS PRODUCTS, LLC

Firm/Company

1451 W CYPRESS CREEK RD STE 300

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

GlobalMediaGroupLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER CHANEY

754 207-0201

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

WELLNESS PRODUCTS, 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 01/13/2015 and assigned
Florida document number L15000007619.

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:

PETER CHANEY, ESQ.

New Registered Office Address:

1451 W CYPRESS CREEK RD STE 300

Enter Florida street address

FORT LAUDERDALE

, Florida

City

RECEIVED
15 MAR 30 AM 8:06
TALLAHASSEE, FLORIDA
38309
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

MGR = Manager
AMBR = Authorized Member

[illegible]

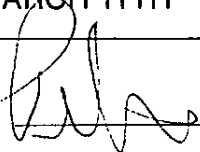
15 MAR 30 AM 8:06
dd
Remove
SECRETARY OF STATE
WASHINGTON, D.C. 20520
1

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **MARCH 11TH**, **2015**



Signature of a member or authorized representative of a member

PETER CHANEY

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
15 MAR 30 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA